

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeff Brower  
 Name  
 (2) 310 Dawson Brown Rd.  
 Address (number and street)  
Deleon Springs, FL 32130  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1243794]  
 Submitted on:  
 2/15/2021 15:05:07 (eastern)

Check here if address has changed (3) ID Number: 608

(4) Check appropriate box(es):  
 Candidate Office Sought: County Chair  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 10 / 17 / 2020 To 10 / 29 / 2020 Report Type: G6  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , -50 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , -50 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 108 , 468 . 71

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 109 , 959 . 45

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jeff Brower (2) I.D. Number 608

10/17/2020 through 10/29/2020

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/20/2020 / /	VanCleaf, Sandra 112 Rio Pinar Dr. Ormond Beach, FL 32174	I		CH		Delete	\$50.00
1							
10/20/2020 / /	VanCleaf, Sandra 112 Rio Pinar Dr. Ormond Beach, FL 32174	I		CH		Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jeff Brower

(2) I.D. Number 608

(3) Cover Period 10/17/2020 through 10/29/2020

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					