

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

MILTON, FL 32570-4592 OFFICE USE ONLY

(1) Jimmy Brown
Name

(2) 6200 Foxglove Rd
Address (number and street)

Milton, FL 32570
City, State, Zip Code

2009 JAN 30 AM 9 03

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
 Candidate (office sought): Santa Rosa Co. School Bd. Dist. 2
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8 / 22 / 08 To 9 / 12 / 08 Report Type GI

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____ 500 . 00

Loans \$ _____

Total Monetary \$ _____ 500 . 00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ _____ 12 . 615 . 00

(10) TOTAL Monetary Expenditures To Date
\$ _____ 11 . 205 . 93

(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) Jill Brown

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Jill Brown
Signature

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

(Type name) Jimmy Brown

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Jimmy Brown
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Jimmy Brown (2) I.D. Number _____

(3) Cover Period 8/22/08 through 9/12/08 (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) | (8) Contributor | | (9) Contribution | (10) In-kind | (11) Amendment | (12) Amount |
|---------------------------|---|--------------------|------------|---------------------|-----------------|-------------------|----------------|
| (6) Sequence Number | Street Address & City, State, Zip Code | Type | Occupation | Type | Description | | |
| 8/29/08 | SRPE | B | teacher | | | | |
| 1 | 5154 Santa Rosa St. Milton, FL 32570 | | org. | check | | | \$500.00 |
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