FLORIDA DEPARTMENT OF S CAMPAIGN TREASUR	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY					
(1) Grecory S. Brown  Name  (2) 4700 Bayside Blud.  Address (number and street)  Milw F1 32583  City, State, Zip Code	OFFICE USE ONLY					
CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	(3) ID Number:    CHARLEST   AND SEL     CHECK IF FC HAS DISBANDED   CHECK IF CCE HAS DISBANDED   CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT IDENTIFIERS  Cover Period: From 0/ 10/ 1/2 To 03/3/ 1/2 Report Type 0/  Original Amendment Special Election Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT         Cash & Checks       \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$					
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ 324.63					
(11) CERTIFICATION						
It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (only for left)  Treasurer electioneeroecomplete.  X  Signature  OS-DE 12 (Rev. 08/04)	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  (Candidate)  (Chairperson (only for PC, PTY & Flections from organization)  X  Signature					

CAMPAIGN\_TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name GRADEV 5 BROWN (2) I.D. Number (3) Cover Period 0// 0/1/2 through 03/3/1/2 (4) Page (7) (8) (9) (10) (11) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number

0101	4930 Hwy 90	Cold Painting	MON		36.21			
3/14/12	4930 Hwy 90  Pace, FL 3257/  5.0. E 6495 CALOLINE St. M: Hor, FL 32570	Peliton CALD VelitiCATION	DIS		90.00			
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DS.DE 14 (Rev	08/03)							
DS-DE 14 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Greery S. Brown (2) I.D. Number							
(3) Cover Period	01101112	thro	ough 3 /	3/ 1/2	2(4) Pag	e /	of /
(5)  Date (6)  Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) Contributor	(9) Contribution	(10)	(11)	(12)
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