

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Felicia M. Brunson
 Name
 (2) 4040 Southwest 27th Street
 Address (number and street)
West Park, FL 33023
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City of West Park Commission - Seat 4
- 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 06 / 01 / 16 To 06 / 30 / 16 Report Type: MG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 250.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 136.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 136.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 250.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 136.00

(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) Carolyn M. Hardy

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Carolyn M. Hardy
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Felicia M. Brunson (2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16 (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 | | |
| 06 / 17 / 16 1 | Brunson, Felicia 4040 SW 27th Street West Park, FL 33023 | S | Educator | Loan | | | 200.00 |
| 06 / 17 / 16 2 | Hardy, Carolyn M. 4430 SW 18th Street West Park, FL 33023 | I | Admin. Asst. | Check | | | 50.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Felicia M. Brunson

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 16 through 06 / 30 / 16

(4) Page 1 of 1

| (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 | | | | | |
| 06 / 21 / 16 | City of West Park 1965 S State Road 7 West Park, FL 33023 | Filing Fee | | | |
| 1 | | | Mon. | | 136.00 |
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