

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

(1) Andree Brown
Name

(2) 2316 MAYO ST
Address (number and street)

HOLLYWOOD - FLA 33020
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): DISTRICT 2 COMMISSIONER
- 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

Cover Period: From AB APRIL 1 107 To AB JUNE 30 107 Report Type Q2

Original Amendment Special Election Report Independent Expenditure Report

(5) REPORT IDENTIFIERS

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ _____

Total Monetary \$ 0

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ _____

Total Monetary \$ 0

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 20

(10) TOTAL Monetary Expenditures To Date
\$ 0

(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) Andree Brown

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Andree Brown
Signature

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

(Type name) Andree Brown

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

Andree Brown
Signature

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Madie Brown

(2) I.D. Number _____

(3) Cover Period July 1, 2007 through July 10, 07

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
July 1, 07	NONE				NONE
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Andrae Brown

(2) I.D. Number _____

(3) Cover Period Sept 1 107 through July 10 107

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
<u>Sept 1 107</u>	<u>12007</u>	<u>NONE</u>	<u>—</u>	<u>—</u>	<u>—</u>			<u>—</u>
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