

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

(1) DAVID BROWNING

Name

(2) 3056 D Rd

Address (number and street)

Loxahatchee Groves, FL

City, State, Zip Code

33470

RECEIVED
OFFICE USE ONLY
FEB 10 2016

BY: V. Walton 10:39 AM

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Town Council Seat 4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 1 / 1 / 16 To 1 / 30 / 16 Report Type MI

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 1000.

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1200.

(10) TOTAL Monetary Expenditures To Date

\$ 60.

(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) SHARYN BROWNING

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Sharyn Browning

Signature

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

(Type name) DAVID BROWNING

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

David Browning

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID BROWNING (2) I.D. Number _____

(3) Cover Period 1 / 1 / 16 through 1 / 30 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
1, 8, 16	BROWNING, DAVID 3056 D Rd Loxahatchee FL 33470	S		LOA			1000. ⁰⁰
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID BROWNING

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 16 through 1 / 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					
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