FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ERROL BROWN	OFFICE USE ONLY
Name	RECEIVED
(2) 328 N.W. 47 AVE	DEC 13 2018
Address (number and street)	DEC 13 2010
PLANTATION FL 33317	CITY CLERK'S OFFICE
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: GROUP 2
(4) Check appropriate box(es):	
✓ Candidate (office sought): Political Committee	CHECK IF PC HAS DISBANDED
Committee of Continuous Existence	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED
Party Executive Committee	_ OILOK II OOLIIAO DISBANDED
Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING
	COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
Cover Period: From 10 / 05 / 18 To	12 / 16 / 18 Report Type TR
Original Amendment Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$	Monetary Expenditures \$ 3954-97
Loans \$	Transfers to Office Account \$
Total Monetary \$ 0	Total
(a)	Monetary \$
In-Kind \$	
7	(8) Other Distributions
	\$
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$ 11060 + 00
(11) CERT	IFICATION
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
(Type name) CRES/ BROWW	(Type name) CRES/ Brown
Individual (only for electioneering copyright.)	Candidate Chairperson (only for PC, PTY & electioneering comprun. organization)
X . Km. 1 /1/11	Y (System Contract, Organization)
Signature	Cignotius
Signature	Signature

(1) Name <i>E</i>	REOL BROWN		EXPENDIT 2) I.D. Number	-	7
	nd 09,01,18 through 10		4) Page	of	/
(5) Date (6) Sequence Number	(7) Fuli 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)	(11)
10 1021 18	1600 AmphitHeathe Plus Mountain VIEW CA14043		ANERTISE		3000
11/04/18	Cprigle 4 Sinte 1600 Amphitheater PKW Mountain VIEW CA 94043		Adibelise		30 00
10 131118	TD BANKS IN State Ro 7 PLANTATION 33317		FEE		1200
12/12/18	Becomes Outcoach CHR 1700 Blunt Ro Dompans Fl. 33069		Donahou 501		49500
	ERREST BROWN 328 N.W. 47 AVE PLANHATION FC33317		LOAN		3031.97
09181118	Patterson Property Miant 5225 A Blowner Blow Plantation FL 33317		DEFICE Rent	/	35000
//				A	395497
//					

	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
	OFFICE USE ONLY RECEIVED DEC 13 2018 CITY CLERK'S OFFICE (3) ID Number: GR
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
	IDENTIFIERS 10 105 1 2018 Report Type 64 Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$_//060 - 36 Loans \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 7/06-39 Transfers to Office
Total Monetary \$In-Kind \$	Account \$ Total Monetary \$
	(8) Other Distributions 350 00
(9) TOTAL Monetary Contributions To Date \$ <u>//060 - 36</u>	(10) TOTAL Monetary Expenditures To Date \$ 7456-39
(11) CERT	
Certify that I have examined this report and it is true, correct, and complete. Type name Row Peputy Treasurer Deputy Treasurer Signature Signature Peputy Treasurer Peputy Treasurer	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Signature

(1) Name <u>Z</u>	CAMPAIGN TREASURER'S RE	PORT - ITEMIZEI	2) I.D. Numbe	TURES	
(3) Cover Perio	od <u>09 0 /8</u> through <u> </u>	or 10	4) Page	of_	,
(5) Date	Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
09107118	PAHERSON Peoperty Milait 5225 A BROWARD Blus PLANTATION FL 33317		OFFice lent	/	350
//					
//					
//					
//					
//					
//					
//					
DS-DE 14 (Pay 0	10 (02)				

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURER	
(1) ERROL BROWN	OFFICE USE ONLY RECEIVED
(2) 328 N.W. 47 AVE	OCT 4.2 2018
Address (number and street)	OCT 1 2 2018
PLANTATION	CITY CLERK'S OFFICE
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: GR 2
(4) Check appropriate box(es): Candidate (office sought): PLANTATION CITY CO	
Political Committee Committee of Continuous Existence	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED
Party Executive Committee	_ CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT I	DENTIFIERS ES DATOM9
Cover Period: From 09 / 01 / 2018 To	10 105 / 2018 Report Type GYER
☑ Original ☐ Amendment ☐ Special Election	Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 848	Monetary Expenditures \$ 1250-45
Loans \$	Transfers to Office Account \$
Total Monetary \$	Total
	Monetary \$
in-Kind \$	
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ 1060 - 36	(10) TOTAL Monetary Expenditures To Date \$ \tag{7.10.6.3.9}
(11) CERT	IFICATION
	on to falsify a public record (ss. 839.13, F.S.)
correct, and complete. (Type name) TRED BOWN	correct, and complete. (Type name) TARO BROW N
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
x Lew Com	X Sun Levan
Signature	Signature

FISH FRY EVENT CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ERROL BROWN (2) I.D. Number GR Z

(3) Cover Period 09 1 01 1 18 through 09 1 31 1 18 (4) Page 1 of 2

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
912118	Coolding		Acc	CK			8000
9,2,18	JEMAR (STFFORD		ATT	CH			5000
9,2,18	AVIAN		Acc	СН			1000
9,2,18	WAYNE LOW		Tienelle	CH			2000
9,2,18	MARIE BAPISE		Nunsc	CH			2000
9,2,18	Labert Brown		Cowland	CH			48
9,2,18	Dave Allisa		Tencko Waste Manna	CH			2000

DS-DE 13 (Rev. 11/13)

FISH FRY EVENT CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Fred Brow	JN	(2)	I.D. Number	COR	2
(3) Cover Period	· / /	through/	/	(4) Page	2	of 2
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
	LIEIA BARRETT	Niws #	CH			4000
9,02,18	KEVA Coriolan	Refire	CH			2000
9,02,18	Michelle	Business	СН			5000
9,02,18	JANNEHE MALCOLM	Nursc- Ass t	CH			50 00
9,02,18	Paulote Clunie	Nurse Ass	cH			40 00
9,02,18	JOAN MAXEL	Nurse Ass	CH			5000
9,02,18	Enice Brown	Restined	CH			4000

DS-DE 13 (Rev. 11/13)

Fish Fry EVENT

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Terol Brown (2) I.D. Number GRZ (3) Cover Period 9 10/18 through 0 1 1 (4) Page 3 of 3 (7) (8) (9) (10)(12)Date **Full Name** (Last, Suffix, First, Middle) Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Type Occupation Type Description Amendment Amount CH 9,2,18 Stephanie 4000 Nursc Mochrovik et 9,2,18 Ma Lennox 2000 9,2,18 Kuth ANN 9,2,1 Ms Salomon 2000 9,2 118 SAN BROWN 50 00 Flochne C+1 9,2,118 Louis Rowel 3000 MEDIA

DS-DE 13 (Rev. 11/13)

Fish FRY

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <u>ERROL</u> <u>Brown</u> (2) I.D. Number <u>GRE</u>

(3) Cover Period <u>9 101 118</u> through <u>09 131 118</u> (4) Page <u>4</u> of <u>4</u>

(7) Full Name	(8)	(9)	(10)	(11)	(12)
Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
JENNIFER Brown 328 N. W. 47 Are Plantation	Nuse				50 00
JAM Electrice 350 N.W.46 Me Plantation FC 33317	Electric	u CH			1000
Awanymous		CH			3000
	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code JENNIFER Brown 328N. W.47 Are Plantater JAM Electrice 350 N.W.46 Me Plantation Fl 33317	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Type Occupation TENNIFER Brown 328 N. W. 47 Ave Plantation JAM Electric: 350 N.W.46 Me Plantation FC 33317	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Type Occupation Type TENNIFER Brown 328 N. W. 47 Are Plantation The Plantation FC 33317 And The Plantation FC 33317	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Type Occupation Type Contribution Type Description Type Nulse All Plantation FC 33317 Annula Clean Contributor Type Contribution Type Con	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Type Occupation Type Description Amendment NWSE THE Brown JAM Electrice 350 N.W.46 Me Plantation FL 33317

DS-DE 13 (Rev. 11/13)

(1) Name ERROL BROWN	(2) I.D. Number	
(3) Cover Period 09 101 118 through 09 13/1/8	(4) Page/	of /

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
	BLAND MARKET PLACE 1621 SR 7 LANDERHILL FL 33313		STORE PISH FRY		292.59
09/04/18	Price Choice 109 S State Ro7 Plantation 33317		GROLERY Fish Fay		75.53
91418	Price Choice 109 S. State RD 7 PLAW HATION Fl. 33317		Fish Fry GROCERY		29.92
09/04/18	C006/e		West AD Parchase		17.41
09124118	2766 N.W. 31 Are LANDERDALE LAKES		Printer		473 °C
09/78/18	T.D. BANK		FEE		10 00
091281/8	T.D. Bahuk		Foe		200
09/28/18	Paterson Property MANTESEMENT BLOWNED PLANTAHOW PLOTIDA		Office Rent	/	3500

FLORIDA DEPARTMENT OF STA	
(1) ERROL BROWN Name (2) 328 N.W. 47 AVE Address (number and street) PLANTATION City, State, Zip Code	OFFICE USE ONLY OCT 12 2018 CITY CLERK'S OFFICE
CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): Candidate (office sought): Plantation city committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	(3) ID Number: GR 2 DUNCIL GROUP 2 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 2357.00 Loans \$ Total Monetary \$ In-Kind \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ \frac{1585.89}{}\$ Transfers to Office Account \$ Total Monetary \$ (8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$ \(\lambda \) 230 \(\cdot 36 \)	(10) TOTAL Monetary Expenditures To Date \$ _5855 · 94
	TFICATION
It is a first degree misdemeanor for any personal correct, and to the correct, and complete. (Type name) Individual (only for election earing commun.) X Signature	I certify that I have examined this report and it is true correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Signature

(1) Name <u>Excel Brown Caupaion</u> (2) I.D. Number <u>Gr 2</u>
(3) Cover Period <u>OB | O| 1|B</u> through <u>OB | 3| 1|B</u> (4) Page <u>3</u> of <u>3</u>

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
08 108 118	FREDDIE LOWELL 133 N. St RD 7 PLANHATION		Optical DR.	CK			50 °°
08102118	Alfredo Della Rosa			Ch			5000
08 1 10 1/8	Morrison Ma Ass. 4101 N.W. 41h St. Rawhatio W		Dr	CK			52000
	RAWLATION FORD 707 N St. RO7 PLANTATION FL 33317		CAR Dealer	ck			30000
08,18 118	ONEL CONSTRUCT. 89015.W.BSt BOCARATON FC 33433		Contento	CR			10000
08,20,118	Florence READORY 4681 N.W. 43 Ct LAUDERDALE LKS		Refices	CK			1000
08,20,18	WISON LEVING 4540 N.W. 45T Plantation F13337		Eledric MARINE	CK			50 00

DS-DE 13 (Rev. 11/13)

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ERROL BROWN Name (2) 328 N.W. 47 AVE Address (number and street) PLANTATION	SEP 1 0 2018 CITY CLERK'S OFFICE
City, State, Zip Code 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: OUNCIL GROUP 2 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
Cover Period: From 08 / 01 / 2018 To	IDENTIFIERS ○8/3//2018 Report Type 2018 M8 Report □ Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 1547.00 Loans \$ Total Monetary \$ In-Kind \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 1585.89 Transfers to Office Account \$ Total Monetary \$
(9) TOTAL Monetary Contributions To Date \$ 9322-36	(8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$ 275, 70
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name) Individual (only for electioneering commun.) X Signature	

(1) Name ERROL BROWN (2) I.D. Number GRZ

(3) Cover Period 08 10/ 1/8 through 08 13/ 1/8 (4) Page / of \$

(5) Date (6)	(7) Full Name (Łast, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount.
	Aubrey William		Nuise	CK			Z0000
08,02,18	WALTER BLOWN		RETINED	CK			10000
08,02,18	Avion Wellington		TAX	ch			2500
08,02,18	Jim Davis		Refines	CASh			2900
08,02,118	Alfred Young 7280 N.W.7ST Plantation		Business Ext.	CIC			100 00
	Astow Douglas 10739 N.W.19 PL Court Springs FL		UK	CASh			6.00
08,02,10	Delsie LEVY 4324 N.W. 2ND St Plantation FL 3377		Relico	CK			(00 00

DS-DE 13 (Rev. 11/13)

(1) Name ERRO/ BROWN (2) I.D. Number GR Z

(3) Cover Period 08 10/ 1 through 08 13/ 1/8 (4) Page 2 of 3

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1	Robert INCRAM 601 N.W. 46 AVE RAWHATION 33317		Retired	cash			5000
08,02,18	Empress UNEER 400 S.W. 77/NO North Laus 82 33068		Navst	CASh			5000
08,02,18	KIRTNELL BAILEY BUSS. EU. 56 AVE BUSS. EU. 56 AVE		UK	Ch			12 00
08,02,18	1 · 1 · 1 i		Contract	CK			35000
08,02,18	NADINE LEVY 4324 N.W. 25+ Planutation FL 33317		Architach	CK			10000
08,02,18	PLAW + Ation & C 33317		BANKER	CK			10000
08,02,18	Thelma Me 8460 N.W. 24 St SUNRISE FL33322		UK	ch			2000

DS-DE 13 (Rev. 11/13)

	RROI B				I.D. Number		of 3.
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
08,02,18	Multible CASh Downfie	W		CASh			305
1 1						The state of the s	
1 1							
1 1							
1 1						The of the first decommendation of the first	
1 1							
1 1		And the second s					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

(1) Name ERROL BROWN	(2) I.D. Number 2
-0	

		(1)	a) no. Humber	25 /-	
Cover Period	08 10/ 1/8 through 08	313/1/8	4) Page/	of	2
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	(add office sought if contribution to a	Expenditure		

(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
08/01/18	WALMART		Debit		30.83
08/02/18	Family DollAR		Debit		16:43
08/03/	Party City		Debit		8.20
08/03/18	EAST ACRE Puba GRUB		Debit		127.52
08/66/18	BEVERLY Hernstrong		CK		40000
08 10 18	SAM Club		Debit		115.71
08 10 18	Sam Club		Debit		11.98
08//3//8	BENERLY GENSTRONY		CK		300 00

(1) Name ERROL BROWN	ı				(2) I.D. Number	COR	2	
_	- /	10	- 6	- 1				

(3) Cover Period <u>08 10/ 1/8</u>	through <u>08 3/ /8</u>	(4) Page	of _ 2

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
111					
08/22/18	Louis ROWNEl		CK		25000
08 127/18	Express Color		Debit		300 00
08-31-18 08/27/78	Stuples		Debit		13.22
08/3///8	TD BANK		FEE		10.00
08/3//18	TD BANK		FEE		2.00
//					
/ /					

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURER			
(1) ERROL BROWN Name (2) 328 N.W. 47 AVE Address (number and street) PLANTATION City, State, Zip Code CHECK IF ADDRESS HAS CHANGED	OFFICE USE ONLY RECEIVED OCT 12 2018 CITY CLERK'S OFFICE (3) ID Number: GR 2		
(4) Check appropriate box(es): Candidate (office sought): Plantation city 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 07 / 01 / 2018 To 07 / 3 / / 2018 Report Type m 7			
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 900.00 Loans \$ Total Monetary \$ In-Kind \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 938.19 Transfers to Office Account` \$ Total Monetary \$ (8) Other Distributions \$		
(9) TOTAL Monetary Contributions To Date \$ 2855 - 36	(10) TOTAL Monetary Expenditures To Date \$ 4270.05		
	IFICATION on to faisify a public record (ss. 839.13, F.S.)		
Certify that I have examined this report and it is true, correct, and complete. (Type name)	I certify that I have examined this report and it is true correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Signature		

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY			
11) ERROI BROWN	OFFICE USE ONLY			
Name (2) 328 N.W. 47 Ave	SEP 1 0 2018			
Address (number and street) PLAW HATION H. 333 City, State, Zip Code	GITY CLERK'S OFFICE			
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es): Candidate (office sought): Political Committee Check IF PC HAS DISBANDED Check IF CCE HAS DISBANDED Party Executive Committee Electioneering Communication CHECK IF NO OTHER ELECTIONEERING				
	COMMUNICATION REPORTS WILL BE FILED			
	07/3//8 Report Type 2018M7			
☐ Original X Amendment ☐ Special Election	Report Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$ 900.00	Monetary \$ 1938 - 19			
Loans \$	Transfers to Office Account \$			
Total Monetary \$	Total Monetary \$			
In-Kind \$				
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$ 7775.36	(10) TOTAL Monetary Expenditures To Date \$ 3709 * 5			
(11) CERT	IFICATION			
It is a first degree misdemeanor for any pers	on 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.	I certify that I have examined this report and it is true, correct, and complete.			
Tarel & Carrel	TOON KON			
(Type name) Treasurer Deputy Treasurer	(Type name) Chairperson (only for PC, PTY &			
electioneering commun.)	electioneering commun. organization)			
X Sul Jum	X Very llas			
Signature	Signature			

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ERROL BROWN Name (2) 328 N.W. 47 AVE Address (number and street) PLANTATION City, State, Zip Code	AUG 1 0 2018 CITY CLERK'S OFFICE
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: OUNCIL GROUP 2 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
	IDENTIFIERS 07 / 31 / 2018 Report Type Zo 18m7 Report ☐ Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 900.00 Loans \$ Total Monetary \$ In-Kind \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 1938 - 19 Transfers to Office Account \$ Total Monetary \$ (8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$ 7275 - 36	(10) TOTAL Monetary Expenditures To Date \$ 3984 3/
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete. (Type name) Individual (only for electioneering commun.) Signature	

(1) Name LREO BROWN (2) I.D. Number							
(3) Cover Period	d / /	throu	gh /	/	(4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
07.84.18	P.D. BOX 170/ TALAHASSEE		PAC	CK			5000
87, 17,17	Johnny L Williams Po Box 451161 Fort LAMO FL 33345		Paston	CK			40000
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
07/02/18	DNH GoDADDY		AD		1.17
07/03/18	USPS		Stamps		100.00
D7 <i> 83 /8</i>	Dollor Tree		Stationary		26.50
07/05/18	Home Report		WOOD FOR SION		1.00
07/06/18	Home Depot		WOOD FOR SIGN		59.32
07 /69/ <i>2</i> 28	Union Premoting		SIGNS YARDE ROADWAY		88828
67/09/B	Office Depot		Stationne	,	SS:74
07/17/18	Louis Ronnel		MARKeting FEE		250,00

(1) Name ERRO FOLLOW	(2) I.D. Number	
57 1/ 10 -2 2/ 10	(4) Page o	_

(5) Date (6) Sequence Number	(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)	(11)
07 /23/18	HOME Depot	WOODS			86.42
0) 123/18	Stables	FlyEXS			80.83
07/26/18	Patterson Rental Properties	OFFice Rent			350
07 130/18	Home Depot	FASTENERS			15.28
D7 <i> 30 18</i>	OFFICE Depot	Stationary			11.65
//	TD BANK	BANK FEC			10.00
/ /	TD BANK	BANKFEE			2.00
//					

DS-DE 14 (Rev. 08/03)

CAME	PAIGN TREASURE	R'S REPORT SUMMARY		
(1) ERROL BROWN		OFFICE USE ONLY		
Name		RECEIVED		
(2) 328 NW 47 AVE		SEP 2 0 2018		
Address (number and str PLANTATION FL 33317				
City, State, Zip Code		CITY CLERK'S OFFICE		
Check here if address	has changed	(3) ID Number:		
(4) Check appropriate box(e	pught: PLANTATIOI ications Org. (ECO) ttee (PTY) re (IE) (also covers an	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed		
	(5) Report	Identifiers		
Cover Period: From 06	10/1/8 To	06 / 30 / 18 Report Type: 2018m6		
Original Amend		ecial Election Report		
(6) Contributions This Rep	ort	(7) Expenditures This Report		
Cash & Checks \$,	1.275.00	Monetary Expenditures \$, ,520. 24		
Loans \$,		Transfers to Office Account \$, , .		
Total Monetary \$,	,	Total Monetary \$, , .		
In-Kind \$,				
		(8) Other Distributions		
(9) TOTAL Monetary Contr \$, , ,		(10) TOTAL Monetary Expenditures To Date \$, \frac{2}{46.12}		
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
Type name) ☐ Individual (only for IE or electioneering comm.)	/ Brown	(Type name) Candidate Chairperson (only for PC and PTY)		
x lun/c	lun	X Cul Curr Signature		

,	CAMIT AIGH TILLAGUI	ILII C	KLFOKI	- ITEIVIIZED	CONTRIBU	TIONS	
	RED/ BR.				I.D. Number		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
06,06,18	Providing Const. 10200 N.W. 47St SUNRISE FL38351		GC	CK			250
06:07:18	PETER Beimo 5392 N.W. 117		Air	6.14			

(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	A	
Number (18)	City, State, Zip Code Providinal Const. 10200 N.W. 4756 SUNRISE FL33351	Туре	Occupation G C	Туре	Description	Amendment	250
06:07:18	PETER Beimo 5392 N.W. 117 AVE CORAL SPAS FL 33076		Air Cond Cont	CK			500
06,06,18	JOHN VITE 4712 N.W. 2ND PLACE, PLANSAFION FLORIDA 3371		E C Contract	CK			100
06, 103, 18	WESTNEY REID 3715 TACKSON BLVD. FI LAUD FL 33312		Refined	CK			(oC
6,14,18	Kingsley Smit 4540 N.W. 4th a Plantation FC	6	Refires	CK			25
06,22,118	SCOTT RAWD 2411 NE 33 St Lighthouse Point FL 33064		REAltor	CK			200
36,22,18	HARVEY Libton 14322 North ROYAl COVECICLE DAVIE FL33325	P	lefived	CK			100

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURES		
(1) ERROL BROWN	OFFICE USE ONLY	
(2) 328 N.W. 47 AVE	RECEIVED	
Address (number and street)	OCT 1 2 2018	
PLANTATION		
City, State, Zip Code	CITY CLERK'S OFFICE	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: GR 2	
(4) Check appropriate box(es): Classidate (office sought): PLANTATION CITY CO	NINCE CPOLID 2	
✓ Candidate (office sought): PLANTATION CITY CO	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 06 / 01 / 2018 To 06/3/ / 2018 Report Type m 6		
☑ Original ☑ Amendment ☐ Special Election	Report Independent Expenditure Report	
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT	
	Monetary S. A.	
Cash & Checks \$ 1330	Expenditures \$ 520.24	
Loans \$	Transfers to Office	
	Account \$	
Total Monetary \$	Total	
	Monetary \$	
In-Kind \$		
	(8) Other Distributions 560.82	
(9) TOTAL Monetary Contributions To Date \$ 6955.36	(10) TOTAL Monetary Expenditures To Date \$ 233/-86	
	IFICATION	
	son to falsify a public record (ss. 839.13, F.S.)	
correct, and complete.	I certify that I have examined this report and it is true	
(Type name) ERES/ Brown	(Type name) TREO BROWN	
Individual (only for electioneering commun.)	Chairperson (only for PC, PTY & electioneering commun. organization)	
X	X	
Signature	Signature	
DS-DE 12 (Rev. 08/04)		

(1) Name	of Brown			(2)	I.D. Number	Group	2
(3) Cover Period [1 1 1 1 8 through 00.130 1 18 (4) Page / of /							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contr Type O		(9) Contribution Type	(10) In-kind Description	(11)	(12)
04,15,18	COLOT COPIES 140 NE 32nd ct. Ft. Landerdale, FL. 33334			Refund		1	\$55,00
, ,							
1 1		The state of the s	The second state of the second				
/ /		and design to the state of the	and the second s				
1 1		The second secon					
1 1		The state of the s			SPICE - AND		
1 1		· interest		and the second second			

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number GILLING					
(3) Cover Perio	d 00/01/18 through 00	21 18	(4) Page		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
0/28/18	(1ty of Plantation 400 NW7310 AVE Plantation i FL33317		Check	PW.	\$3.00 \$310.82
06/28/18	CHYOF Plantation 400 NW 7319 AVR. Plantation IFI 33317		check	V	\$ 250.00
/ /					
/ /					
//					
//					
//					
/ /					

-		
	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	ERROL BROWN	OFFICE USE ONLY
(2)	Name 328 NW 47 AVE	RECEIVED
(2)	Address (number and street)	4 0 2019
	PLANTATION FL 33317	JUL 1 0 2018
	City, State, Zip Code	CITY CLERK'S OFFICE
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	And desired the same state of
	✓ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	N CITY COUNCIL GROUP 2 ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
	(5) Report	Identifiers
Cov		06 / 30 / 18 Report Type: 2018 m
V C		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
	h & Checks \$ 1, 2, 75.00	Monetary Expenditures \$ 5, 2, 0.24
Loai	ns \$,,	Transfers to Office Account \$,,
Tota	al Monetary \$, ,	Total Monetary \$, .
In-K	ind \$, ,	
		(8) Other Distributions \$, ,
(9)	* 6 , 8 , 7 . 5 · 36	(10) TOTAL Monetary Expenditures To Date \$ 2,04,6.12
		tification on to falsify a public record (ss. 839.13, F.S.)
10	certify that I have examined this report and it is true, corr	rect, and complete:
(T	ype name) ERRY BROWN	(Type name) Errol Brown
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
Ol)	7 11
×	ignature III	X Signature

(1) Name Enrol Brown (2) I.D. Number GR-2							
(3) Cover Period 06 101 18 through 06 130 18 (4) Page of							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
06,06,18	Providian Construction	1	Containe To:				25800
	RETER BRIMD	1	AC Lowland	CK			50000
06,06,18	John Vitte		EC	CK			10000
06,03 1/8	Westwar		Retiral	CIL			10000
06 14 18	Kingsly Smith		Relievo	CK			2500
06172118	Mutlifiles DONORS(10)		EC	CASh			300°E

DS-DE 13 (Rev. 11/13)

MAN FORM PROME	TEL ON - ILLIMIZED EXPENDITURES
(1) Name ERROL BROWN	(2) I.D. Number (3/2 2
	(2) I.D. Nulliber 312 2
. /	

	(a) Hot Hamber Oth
(3) Cover Period 06 01 18 through 06 30 1 18	(4) Page of

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
06/14/18	Mc DONALD HARDWHEE	Strationary	Printing		2.12
06/15/18	Colon Copies		PRINTING		150.51
06/15/18	Color Copies		Printing		55
06/18/18	FACE book		AD		11.93
86/18/18	OFFICE MAX Depot		Print		93.17
06/18/18	Walmart		AD LANDY FOR PAYADE		25.96
06/18/18	OFFICE MASS		Peint		.80
06/20/18	Walmart		CAWDY FOR PATHOE		105:36

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name ERROL BROWN (2) I.D. Number 2 (3) Cover Period 06 10 18 through 56 30 18 (4) Page of

(5) Date (6) Sequence Number	(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)	(11)
06/27/18	Walnat	Assolies	Assovies		63.39
06/29/28	T.D. Bank		FEES		12.00
/ /					
//					
//					
//					
//					
//					

CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1) ERROL BROWN	OFFICE USE ONLY RECEIVED			
Name (2) 328 NW 47 AVE	007 42 0010			
Address (number and street)	OCT 1 2 2018			
PLANTATION FL 33317	CITY CLERK'S OFFICE			
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es): ☑ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed			
	Identifiers			
Cover Period: From 05/0///8 To	05 13/ 1/8 Report Type: M5			
	eclal Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, _3, _00 . 36	Monetary Expenditures \$,			
Loans \$,4,000.00	Transfers to Office Account \$, , .			
Total Monetary \$,,	Total Monetary \$,			
In-Kind \$,,				
	(8) Other Distributions \$, ,			
(9) TOTAL Monetary Contributions To Date \$, _5, 625.36	(10) TOTAL Monetary Expenditures To Date \$,, 250.80			
(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) ERRO BYDWW (Type name)				
☐ Individual (only for IE or electioneering comm.) ☐ Deputy Treasurer ☐ Deputy Treasurer ☐ Chairperson (only for PC and Chairperson				
x luf lun	x Xuy Xull			
Signature	Signature			

(1) Name Ecco / Brown (2) I.D. Number G2							
(3) Cover Period 05 1 0/ 1 /8 through 05 13/ 18 (4) Page / of /							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	С	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
03,29,18	Architectural	1	EC	CK		/	10000
04,10,18	Octobo	1	Contr	ctt		1	16000
0,,	PortyNE Cornelious	1	Clerk	ctt		/	4000
05,24,18	ERRO/ Brown 328 N.W. 47 Au Plantation Fr 33317	1	EC	CK		1	400000
05,21,18	Pay Pal			Debit		1	•36
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
11) Eres Brown	OFFICE USE ONLY			
(2) 328 N.W 47 Are	RECEIVED			
Address (number and street)	JUN - 8 2018			
City, State, Zip Code	OITY CLERK'S OFFICE			
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es): Candidate (office sought): Political Committee Check IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED Party Executive Committee Electioneering Communication CHECK IF NO OTHER ELECTIONEERING				
	COMMUNICATION REPORTS WILL BE FILED			
Cover Period: From 05 / 01 / 18 To	05 1 3 1 1 8 Report Type 2018 M 7			
✓ Original	Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$	Monetary Expenditures \$ 433,97			
Loans \$4000,00	Transfers to Office Account \$			
Total Monetary \$	Total Monetary \$			
In-Kind \$				
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$ 5600.36	(10) TOTAL Monetary Expenditures To Date \$ 152588			
(11) CERTIFICATION				
It is a first degree misdemeanor for any pers	on 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.	I certify that I have examined this report and it is true, correct, and complete.			
(Type name) Individual (only for electioneering commun.) Treasurer Deputy Treasurer	(Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization)			
X Signature	X Coul Many Signature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <u></u>	Reol Br	Da	no	(2)	I.D. Number	GR.	2
(3) Cover Period	105/01/18	throu	gh 05.1	3/18	(4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Ci	(8)	(9) Contribution Type	(10) In-kind Description	(11)	(12)
	Ereo/ Brown	O CONTRACTOR OF THE PARTY OF TH	EC	CK		on the state of th	4000
05,21,18	Pay pal	1	BAWK	Pebut			.36
1 1							
1 1							
1 1							
1 1		A Control of the Cont					
1 1							
DS-DE 13 (Rev. 11/1	3) 8	SEE RE	VERSE FOR II	NSTRUCTIONS /	AND CODE VAL	UES	

	d 05/01/18 through 05		2) I.D. Number		
(3) Cover Perio	d 03 / 0 / / /O through 05 /	1800/10 (4) Page	of _	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9)	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
05/02/18	Go DADDY		Website		119.88
05/04/18	Color Copie USA		Prinits		153 70
05/21/18	Express Color		Prints		121.59
05/2//	Staples				26 · 49
Ø /21/18	PaypaL		BANK VERTIFY		- 36
05/3//18	T.D. BAWK		Main TEN FOF		10.00
05/31/18	TD BAWK		Fee		2:00

FLORIDA DEPARTMENT OF STA	
(1) ERROL BROWN Name (2) 328 N.W. 47 AVE Address (number and street) PLANTATION City, State, Zip Code	OFFICE USE ONLY OCT 12 2018 CITY CLERK'S OFFICE
CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee ☐ Committee ☐ Party Executive Committee ☐ Electioneering Communication ☐	(3) ID Number: DUNCIL GROUP 2 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT Cover Period: From O ≠ / 01 / 2018 To [] Original ★ Amendment □ Special Election	DENTIFIERS 04/3/ / 2018 Report Type my Report
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 32500 Loans \$ Total Monetary \$ In-Kind \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 440.83 Transfers to Office Account \$ Total Monetary \$
(9) TOTAL Monetary Contributions To Date \$ 1325.00	(8) Other Distributions \$ (10) TOTAL Monetary Expenditures To Date \$ \$ \(\begin{align*} 8 \(\begin{align*} 9 \end{align*}
	IFICATION son 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) Candidate Chairperson (only for PC, PTY & election ering commun. organization)
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	erol Kro	w	N	(2)	I.D. Number	GR	2
(3) Cover Period	04.01.18	throu	gh Off	3/18	(4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
04.02.18	GREAL GREATH Sol 6278 N. FEDERAL Hwy 5 572 Ft. LAUD 33308		E	CK		1	100
04,03,B	Ralphnlickle	1	leaf Estate	CR		/	18000
04,04,18	Vision Electric 3000 INVEREARY BLVD Suite 4071 LAMPHILL FLOORS	l	EC	CA		/	(00°0
04,10,18	T.D. BANK	1	BANK	REFUND		/	2500
1 1							
1 1							
1 1							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ERROL BROWN Name	OFFICE USE ONLY RECEIVED
Address (number and street) City, State, Zip Code	MAY 1 0 2018 CITY CLERK'S OFFICE
CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es):	(3) ID Number:
Check appropriate box(es): Candidate (office sought): 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
(E) DEPORT	COMMUNICATION REPORTS WILL BE FILED
Cover Period: From 04 / 0/ 1/8 To	10ENTIFIERS 194 30 18 Report Type 2018 M 9
☑ Original ☐ Amendment ☐ Special Election	Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 600 00	Monetary Expenditures \$ 440 - 83
Loans \$	Transfers to Office Account \$
Total Monetary \$	Total Monetary \$
In-Kind \$	
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$ 1600	(10) TOTAL Monetary Expenditures To Date \$ 1091-91
	IFICATION on 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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Individual (only for electioneering commun.)	(Type pame) Chairperson (only for PC, PTY & electioneering commun. organization)
Signature	Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ERRO/ BROWN	(2) I.D. Number	
(3) Cover Period 04 101 118 through 04 130	1 18 (4) Page	/ of/

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
04,02,18	Durani GH Guy	1	EC	CK			100
04,03,18	KEVIN Whitmove	1	EC	CK			100
04,04,18	CLEW	1	EL	CK			100
04,10,118	ORLANDO Smith	1	Contr	CK			160
84,05,18	Dorlyne Contilus	1	Clock	CASh			40
04,27,18	RAIDA Nierce	1	REnlton	CK			(00)
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(5) Date (6) Sequençe	(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	(10)	(11)
Number	staples	Shafiormy	-39-0	Amendmen	10.5%
-/-	x pressbollor	Printing			214.1
14/27	Express Lolor	Printing:			214.1
4301	BANK Fee	BAWK			2.0
//			And the state of t		
//					
//				de la contraction de la contra	to deminate eminate eminate en del des
//				American containing	

FLORIDA DEPARTMENT OF STA	
(1) ERROL BROWN Name (2) 328 N.W. 47 AVE Address (number and street) PLANTATION City, State, Zip Code	OFFICE USE ONLY RECEIVED APR 1 0 2018 CITY CLERK'S OFFICE
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: DUNCIL GROUP 2 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
Cover Period: From 03 / 01 / 2018 To ✓ Original Amendment Special Election	04 03 / 09 3 / 2018 Report Type 20/9 3
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ /05 4 3 Transfers to Office Account \$ Total Monetary \$ (8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$ 4000+00	(10) TOTAL Monetary Expenditures To Date \$ _276.08
It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, correct, and complete. (Type name) Individual (only for election ering commun) X Signature	

	d 03 1-01/2018 through 04		I) Page		
(6) Sequence Number	(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)	(11)
53/09/18	Walmant	Promotional Brant	Assories		646
3/09/18	DollAR TREE	Promotional GUENT	Assories		13.78
03/30/108	BANK MANNTENANCE FEE	27	FEE	•	Z7°
1.1					
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//					
11					manufacture and a second secon
//					

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER	CAMPAIGN TREASURER'S REPORT SUMMARY					
Name S28 A A A A A A A A A	OFFICE USE ONLY RECEIVED MAR - 9 2018 GITY CLERK'S OFFICE (3) ID Number: City Council Group Z Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed					
	Identifiers O3 1 0 / 1 20/8 Report Type:					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,,	Monetary					
Loans \$,, <u>600</u>	Transfers to Office Account \$, , .					
Total Monetary \$,,	Total Monetary \$					
In-Kind \$, ,	(8) Other Distributions					
(9) TOTAL Monetary Contributions To Date \$,, \@allowdown \\ \allowdown \@allowdown \@allowdown \@allowdo	(10) TOTAL Monetary Expenditures To Date \$,, 270.65					
It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)					
Type name) COO Deputy Treasurer Deputy Treasurer Or electioneering comm.)	(Type name) The Brown Candidate Chairperson (only for PC and PTY) X Signature					

DS-DE 12 (Rev. 11/13)

1) Name ERD BROWN (2) I.D. Number (2) I.D. Number of of							
) Cover Perio	d <u>02101120/8</u> through <u>03</u>	0/120/8	(4) Page	of			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	Expenditure Type	(10)	(11)		
02/21/18		BADGE	BADGE		28.41		
02/23/18	Ambros Trophy Kinos	BADOG	BADGE		19.00		
22-28-18	T.D. BANK	Fee	FEE		2.00		
1.1							
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//							
//							
//							

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DS-DE 14 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT SUMMARY		
☐ Party Executive Committee (PTY) *	(3) ID Number:	
Cover Period: From 0/ 1 /0 1 /8 To	Identifiers 2018 m	
(6) Contributions This Report	(7) Expenditures This Report	
Cash & Checks \$,,	Monetary Expenditures \$, , 221.19	
Loans \$, _/,000.00	Transfers to Office Account \$,,	
Total Monetary \$,, In-Kind \$, , .	Total Monetary \$,, 22// 9	
In-κind Ψ , ,	(8) Other Distributions	
(9) TOTAL Monetary Contributions To Date \$,/, 000 . 00	(10) TOTAL Monetary Expenditures To Date \$,, 221.19	
	rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY) Signature	

RECEIVED

FEB 2 2 2018

CITY CLERK'S OFFICE

(1) Name ER	CAMPAIGN TREASURER'S REI	PORT - ITEMIZED	EXPENDIT) I.D. Number	URES	
	01-110 118 through 021) Page	of	
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	Expenditure Type	(10)	(11) Amount
		Peinting			21.19
01-26-18	PUNTITO PRINTING	Printing	CK		200°
1.1					
11					
11					
11				Chrodition to the day one work long to	
11					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CANDIDATE OATH NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

Check box only if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

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JUN 20 2018

CITY CLERK'S OFFICE

OFFICE USE ONLY

I, ERI	105	BROWN			
Although a w	above as you wish ck box . (See p rite-in candidate's r	it to appear on the ballot. age 2 - Compound Last N name is not printed on the both	lames). No change of pallot, the name must	can be made aft be printed above	er the end of qualifying.
			(Office)		(District #)
(Circuit #)	(Group or Seat #)	; I am a qualified elector of	BROW	ARD	County, Florida;
have qualified for I seek; and I have	no other public off e resigned from an	n and the Laws of Florida to ice in the state, the term of by office from which I am re the United States and the	which office or any p equired to resign purs	eart thereof runs of suant to Section 9	concurrent with the office
Candidate's Flori	da Voter Registra	tion Number (located on yo	ur voter information car	d): 10/68	19095
Phonetic spelling ballot as may be us	sed by persons with	Print name phonetically of disabilities (see instruction Rouse)	is on page 2 of this fo	ou wish it to be rm): [Not applicat	pronounced on the audio ble to write-in candidates.
x Jus	1 Oun	y 1914 354-4	1366	ERRO17B	rown Domail com
Signature of Cand	idate /	Telephone Number			Address
328 N	.W. A7	AVE PLANTATO	end Flor	21DA	23317
Address		City	n State	1 00	71P Code

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Notary Public State of Florida Susan K Slattery My Commission FF 910310

Expires 09/27/2019

Candidate Oath (Section 99.021(1)(a), Florida Statutes)

Type of Identification Produced:

STATE OF FLORIDA

COUNTY OF Broward

day of lune , 2018.

Personally Known: _____ or Produced Identification: _____

Sworn to (or affirmed) and subscribed before me this

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

JAN 10 2018

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
ERROLLIVINGSTON BROW	w code) 328 N.W.47 Are
4. Telephone 5. E-mail address	Plantation FL 33317
954) 554 4366 ERROLTBrown James - 4	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
City Council Group Z	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and fil	I in name of party as applicable: My intent is to run as a
Write-In No Party Affiliation	Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	
ERED BROWN	
11. Mailing Address	12. Telephone
328 N.W. 47 1 He	95415549366
13. City 14. County 15. SI PLAN FATION BROWNED F	tate 16. Zip Code 17. E-mail address C 3331) Errol 7 Brown DGMAIL Com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank BAWK	20. Address X/Est Brown
21. City Rawfighon 22. County BENWAR	23. State 24. Zip Code 23317
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH	HE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND RY AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date	26. Signature of Candidate
01-10-18	X level luce
27. Treasurer's Acceptance of Appointmen	nt (fill in the blanks and check the appropriate block)
I, (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasure	er Deputy Treasurer.
01-04-18 X	Jullell
Date	Signature of Campaign Treasurer or Deputy Treasurer
DS-DF 9 (Rev. 10/10)	Rule 1S-2.0001, F.A.C.

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

JAN 10 2018

1, ERROL LIVINGSTON BROWN,
candidate for the office of City Council, Plantation;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
Ω , Ω
x Lev (111) 01-0418
Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).