

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

(1) JOHN "Jack" BRADY
Name

(2) 6808 STARDUST
Address (number and street)

North Lauderdale FL 33068
City, State, Zip Code

RECEIVED
OFFICE USE ONLY
OCT 08 2013

CITY NORTH LAUDERDALE
D. Vascheri
City Clerk

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Mayor at Large
- 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 7 / 1 / 13 To 9 / 30 / 13 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$3700.00

Loans \$ 150.00

Total Monetary \$3850.00

In-Kind \$ 46.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ - 0 -

Transfers to Office Account \$ _____

Total Monetary \$ - 0 -

(8) Other Distributions

\$ - 0 -

(9) TOTAL Monetary Contributions To Date

\$ 3850.00

(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) JOHN "JACK" BRADY

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X John Jack Brady
Signature

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

(Type name) JOHN "JACK" BRADY

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

X John Jack Brady
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOHN BRADY

(2) I.D. Number _____

(3) Cover Period 7 / 1 / 13 through 9 / 30 / 13 (4) Page 1 of 3

(5) Date	(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) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
0710113	YKC Associates 1854 NW 97 Ave Plantation, FL 33322	B	Environmental Consulting	CHE			250-
710313	Diana Miller Ceil Delcher 11702 Fruit Hills Dr. Tampa, FL 33612	I	Home maker	CHE			500-
710313	SUSAN VETTER 5430 LOS PALOS Dr. New Port Richey, FL. 34655	I	Home maker	CHE			500-
710513	Rickey Pine 1000 W. ISLAND Blvd Apt 1208 Aventura, FL 33160	I	Home maker	CHE			25-
711013	Aguiro Chiropractic Dr. Anthony Aguiro 1335 S State Rd 7 North Lauderdale FL 33068	B	Chiro- Practic	CHE			250-
711813	Busy Bee Supermkt 8020 Kimberly Blvd North Lauderdale, FL 33068	B	Supermarket	CHE			125-
711813	Busy Bee Laundry 8010 Kimberly Blvd N. Lauderdale, FL 33068	B	Laundry	CHE			125
712013	Synalovski Romanik Sage LLC 7027 W Broward Blvd #324 Plantation, FL 33317	B	Sm. Veges	CHE			500

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jack Brady (2) I.D. Number _____

(3) Cover Period 7/1/13 through 9/30/13 (4) Page 2 of 3

(5) Date	(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) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
7,25,13	Pat Brady 6808 Starburst N Land, FL 33068	I	wife	INK	Stamps		46-
7,30,13	Andy Cohen 10 woodmere Rd. N Brunswick NJ 08902	I	broker	CHE			25-
8,01,13	Dave & Sharon GAICHAS 8502 W. 121 st St. Palos Park, IL 60464	I	Home maker	CHE			100-
8,17,13	GM Trial Layers 100 W cypress clero Ft Lauderdale, FL 33309	B	Lawyer	CHE			250-
8, 8, 13	Jordan & Jennifer KLEMON 5657 E. Leitcher Dr. Coral Springs FL 33067	I	Construction	CHE			250-
8, 20, 13	Michael & Lynn Shuba 9085 sienna Rd. Woodbury MN 55125	F	Home maker	CHE			500-
8,22,13	Gary Alper 9 Shady tril Montvale NJ 07645	I	Retired	CHE			50-
8,28,13	Benjamin Westley 5200 SW 109 Ave Ft Land FL 33328	F	FPL worker	CHE			200-

(b)

16

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jack Brady (2) I.D. Number _____

(3) Cover Period 7/1/13 through 9/30/13 (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
9/9/13	Peggy Rapp 1703 Broadway St. Galveston TX 77550	I	House wife	CTE			50-
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