	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Skip Williams	CITY CETATOR DEVICE						
(2)	Name 58 Westview Lane	MAR 3 1 2022						
<b>\-</b> /	Address (number and street) Cocoa Beach, FL 32931 City, State, Zip Code	COCOA BEACH FLORIDA						
	☐ Check here if address has changed	(3) ID Number: 2022 M3						
(4)								
	(5) Report	Identifiers						
Cove	er Period: From03/01/2022To	03/ 31 /2022 Report Type: Monthly						
V O	riginal Amendment Spe	cial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$ , ,	Monetary						
Loar		Transfers to Office Account \$ , ,						
Tota	I Monetary \$ , , 461 . 75	Total Monetary \$ , , 000						
In-Ki	nd \$,,							
		(8) Other Distributions \$ , , 000						
(9)	TOTAL Monetary Contributions To Date \$ , , 1385 25	(10) TOTAL Monetary Expenditures To Date \$ , , 000						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
Ιc	certify that I have examined this report and it is true, corre							
	ype name) Skip Williams	(Type name) Skip Williams						
or X	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Si	gnature	Signature						

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Skip Williams			(2)	I.D. Number	2022 M	3
(3) Cover Period	//	throu	gh/	<sup>31</sup> / <sup>2022</sup>	_ (4) Page	(	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
03 11 2022 / /	Williams, Skip 58 Westview Lane Cocoa Beach, FL 32931	s	NASA Ops	LOA	N/A	N/A	\$461.75
001		5	mon ops	1011	11/11	N/II	¥101.73
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	-					D .=	
1 1					RECEIVE CITY CLERK'S	OFFICE 0022	
					MAR 31	BEACH	
1 1					COCO	انتا	

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Ski	p Will:	iams					(2) I.D. Number	2022 M3		_
(3) Cover Period _	03	/ 01	/ 2022	_through _	03 /	31	/	(4) Page <sup>1</sup>	of	1	

(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
/N/A/ 001	N/A	N/A	N/A	N/A	\$0.00
/ /					
/ /					
/ /					
/ /			BECEIVI	ED	
/ /		С	RECEIVI TY CLERK'S MAR 3 1 7 COCOA B FLORI	022	
/ /			FLORI	UA	
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