	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Richard Walker	OFFICE USE ONLY			
	Name	ONLINE SUBMISSION			
(2)	1106 Michigan Ave.	Submitted on:			
	Address (number and street)	3/2/2023 10:14:32 (eastern)			
	Lynn Haven, FL 32444 City, State, Zip Code				
	Check here if address has changed	(3) ID Number: 631			
(4)	_	(3) 15 (44)1561.			
(+)	Check appropriate box(es): Candidate Office Sought: Lynn Haven Commissioner Seat 2 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports				
	(5) Report	dentifiers			
Cove	er Period: From <u>2</u> / <u>11</u> / <u>2023</u> To	2 / 24 / 2023 Report Type: M46D			
X O	riginal Amendment Spe	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Cash	n & Checks \$, , <u>100</u> . <u>00</u>	Monetary			
Loar		Transfers to Office Account \$, , , 0 . 00			
Tota	I Monetary \$,1 , 600 . 00	Total Monetary \$. 0 . 00			
In-Ki	nd \$, , 0 . <u>00</u>	Total Monetary \$, , 0 . 00			
		(8) Other Distributions \$, , 000_			
(9)	TOTAL Monetary Contributions To Date \$, 1 , _90000	(10) TOTAL Monetary Expenditures To Date \$, , 17032			
(Ty		(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)			
X Si	gnature	X Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Richard Walker			(2) I.D. Numb	er <u> </u>	31	
	od///		2	1/24/2023	(4) Pos	<u> </u>		
(3) Cover Pen	od		Jugii	L	(4) Paç	je	OI	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	5.600	(8)	(9) Contribution	(10)	(11)	(12)	
Number	City, State, Zip Code Walker, Richard T		Occupation retired	Type LO	Description	Amendment	Amount \$1,500.0	
1	1106 Michigan Avenue Lynn Haven, FL 32444							
2/22/2023 / /	Oxley, Gary L 1404 Inverness Road Lynn Haven, FL 32444	I		CH			\$100.0	
2								
1 1	_							
I I								
J J								
J I								
I I								

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Ocover Period / / through / / (4) Page 1 of / (5) Date Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code City, State,	531		2) I.D. Number	(2	rd Walker 2/11/2023 2/	Name Richa
Date Full Name (Cast, Suffix, First, Middle) Sequence Street Address & Contribution to a Contribution to a Expenditure Type	0	of	l) Page1	_//(4	//through	Cover Period _
	(11) Amoun	8 2	Expenditure	Purpose (add office sought if contribution to a	Full Name (Last, Suffix, First, Middle) Street Address &	(6) Sequence
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