	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Brevard Citizens for Workforce Housin									
	Name	ONLINE SUBMISSION								
(2)	4651 Babcock St NE; Suite 18 #317	Submitted on:								
	Address (number and street)	11/1/2022 13:48:06 (eastern)								
	Palm Bay, FL 32905  City, State, Zip Code	<del></del>								
	Check here if address has changed	(3) ID Number: 941								
(4)	_	(6) 15 114111611								
(+)	(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 PTY has disbanded ☐ Check here if no other IE or EC reports will be filed									
	(5) Report	Identifiers								
Cove	er Period: From 10 / 31 / 2022 To	10 / 31 / 2022 Report Type: D4								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , , 000	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 0 . 00	Total Monetary \$ , , 0 . 00								
In-Ki	ind \$,,	, , , <u>00</u>								
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date \$ , , 0 00_	(10) TOTAL Monetary Expenditures To Date \$ , , 000								
(T)	(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)  Individual (only for IE									
_X Si	gnature	X Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	10/31/2022		1	0/31/2022			
(3) Cover Period		thro	ough	<i>I I</i>	(4) Pag	je <u>1</u>	of 0
(5) Date (6) (L	(7) Full Name ast, Suffix, First, Middle) Street Address &	Co	(8) ontributor	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amoun
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Brevard	Citi	zens	for W	orkfor	e Ho	usin	<u>g</u>	(2)	I.D. Nun	nber	9	941	
	10	0/31/2	2022		1	0/31	/2022	2						
(3) Cover P	eriod		/	thr	ough	/_			(4)	Page	1	of	0	

(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
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