	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Brevard Citizens for Workforce Housin	OFFICE USE ONLY ONLINE SUBMISSION					
(2)	Name 4651 Babcock St NE; Suite 18 #317	[1284936]					
(-)	Address (number and street)	Submitted on:					
	Palm Bay, FL 32905	10/24/2022 14:21:45 (eastern)					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 941					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	Political Committee (PC)	Cheek have if DC on ECO has dishauded					
		☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove		10 / 21 / 2022 Report Type: G6					
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casł	n & Checks \$, , , 000	Monetary					
Loar	s , , , , 000	Transfers to Office Account \$, , 0 . 00					
Tota	I Monetary \$, , 000	Total Monetary \$, , 0 . 00					
In-Ki	ind \$, , 0.00	,,					
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, ,, <u>0</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>					
	(11) Cert It is a first degree misdemeanor for any pers	ification on to falsify a public record (ss. 839.13, F.S.)					
Ιc	certify that I have examined this report and it is true, corr						
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
х		X					
-	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	10/15/2022		1	0/21/2022				
(3) Cover Period	f f	thro	ough	<i>I I</i>	(4) Pag	je <u>1</u>	of	
(5) Date (6) (L	(7) Full Name ast, Suffix, First, Middle) Street Address &	(8) Contributor		(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	Workforc	e Hou	ısing	 (2) I.D. Num	nber	9	941	300
	10	/15/2	2022		1)/21/	2022					
(3) Cover Pe	eriod	/	/_	tł	rough	/_		 (4) Page	1	of	0	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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DS-DE 14 (Rev.					