CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Brevard Citizens for Workforce Housin	OFFICE USE ONLY ONLINE SUBMISSION				
(2)	4651 Babcock St NE; Suite 18 #317	[1293690]				
` '	Address (number and street)	Submitted on:				
	Palm Bay, FL 32905	3/3/2023 16:43:53 (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)	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	er Period: From 2 / 1 / 2023 To					
		ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
(=)	Tomas and the report	Monetary				
Cash	n & Checks \$, , , 000	Expenditures \$, , , 0 . 00				
Loans \$,,,000		Transfers to Office Account \$, , 0 . 00				
Total Monetary \$, , , 000						
I. IZ:	and \$, , 0.00	Total Monetary \$, , , 0 . 00				
In-Ki	nd	(8) Other Distributions				
		(8) Other Distributions \$, , <u>0</u> 0				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$, ,, 0 . 00	\$, , 0.00				
		ification				
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:						
	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
X		x				
Sic	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Brevard Citizens f	or Wo	rkforce Ho	ousing (2) I.D. Numbe	: r 9	41
	2/1/2023			/28/2023			
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Pag	e	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name _		for Workforce Housing	(2) I.D. Number	941
(3) Cover P	2/1/2023 Period///	2/28/2023 through//	(4) Page 1	of 0

(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
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