

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joyce Williams-Bryan  
 Name  
 (2) 7005 NW 17th Street  
 Address (number and street)  
Margate, FL 33063  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1191631]

Submitted on:  
 9/7/2019 11:48:58 (eastern)

Check here if address has changed

(3) ID Number: 556

(4) Check appropriate box(es):

- Candidate Office Sought: School Board, At Large 9
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 1 / 2019 To 8 / 31 / 2019 Report Type: M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 100 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 3 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 3 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 150 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 25 . 99

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joyce Williams-Bryan (2) I.D. Number 556

(3) Cover Period 8/1/2019 through 8/31/2019 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/12/2019 / /	Amaral, Michelle 210 N university Dr Coral Springs, FL 33071	I	chiropract or	CH			\$100.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Joyce Williams-Bryan

(2) I.D. Number 556

(3) Cover Period 8/1/2019 through 8/31/2019

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8/29/2019 / /	PNC Bank, 8901 W Atlantic Blvd Coral Springs, FL 33071	bank fee	MO		\$3.00
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