CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Joyce Williams-Bryan	OFFICE USE ONLY							
•	Name	ONLINE SUBMISSION							
(2)	7005 NW 17th Street	Submitted on:							
	Address (number and street)	10/8/2019 14:14:07 (eastern)							
	Margate, FL 33063 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 556							
(4)		(3) ID Number.							
(4)	Check appropriate box(es): Candidate Office Sought: School Board,	At Large 9							
		At Large 9							
	☐ 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							
		Identifiers							
Cove	er Period: From 9 / 1 / 2019 To	9 / 30 / 2019 Report Type: M9							
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , 0 . 00	Monetary Expenditures \$, , 3 . 00							
Oas.	,,,,,,,,,,	, , ,							
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$							
Tota	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00							
lUla	i Monetary $\Psi_{\underline{}}$, $\underline{}$, $\underline{}$	Total Monetary \$, , 3 . 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>200</u> . <u>00</u>	\$, , <u>28</u> . <u>99</u>							
(4) 0 177 17									
(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:									
(Ty	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

(1) Name	Joyce Williams-Brya	n		(2) I.D. Number						
	9/1/2019		9	/30/2019						
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e	of			
		,	14400		- 40 00 00700					
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)	_		_						
Sequence Number	Street Address &		ontributor	Contribution	In-kind	Amendment	N			
Number	City, State, Zip Code	Туре	Occupation	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 Joyc	e Wi	lliam	s-Brya	an			 (2) I.D. Nun	nber	5	556	-
	9.	/1/20	19		9/30/2	019					
(3) Cover Period	ı	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
9/27/2019	PNC Bank, 8901 W. Atlantic Blvd Coral Springs, FL 33071	bank fee	МО		\$3.00
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