

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sirretta Williams  
Name

(2) 538 W. 28th Street  
Address (number and street)

Jacksonville, FL 32206  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1085835]

Submitted on:  
3/6/2015 06:51:58 (eastern)

Check here if address has changed

(3) ID Number: 565

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 7
- 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 2 / 21 / 2015 To 2 / 27 / 2015 Report Type: F5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 50 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 50 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 0 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 15 , 508 . 34

### (10) TOTAL Monetary Expenditures To Date

\$      , 8 , 641 . 22

### (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 Sirretta Williams (2) I.D. Number 565  
 (3) Cover Period 2/21/2015 through 2/27/2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
2/23/2015 / /	Corley, Velvet 1323 Spearing street jax, fl 32206	I	nurse 9801	MO			\$50.00
1							
/ /							
/ /							
/ /							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sirretta Williams

(2) I.D. Number 565

(3) Cover Period 2/21/2015 through 2/27/2015

(4) Page 1 of 0

(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					
/ /					
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