

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
 [1088723]

Submitted on:
 6/30/2015 14:06:17 (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 3 / 1 / 2014 To 3 / 31 / 2014 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 10 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 10 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 15 , 883 . 34

(10) TOTAL Monetary Expenditures To Date
 \$, 9 , 319 . 02

(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 3/1/2014 through 3/31/2014 (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sirretta Williams

(2) I.D. Number 565

(3) Cover Period 3/1/2014 through 3/31/2014

(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					
3/19/2014 //	Bank, Regions 110 Busch drive jacksonville, fl 32218	bank fee	MO	Add	\$10.00
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