

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
 [1075946]

Submitted on:
 9/11/2014 11:00:16 (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 8 / 1 / 2014 To 8 / 31 / 2014 Report Type: M8

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 \$, , 72 . 50

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 72 . 50

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

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 585 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 119 . 28

(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 8/1/2014 through 8/31/2014 (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 8/1/2014 through 8/31/2014

(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					
8/28/2014 / / 1	Hullaballons, internet	for decor events via credit card order	MO		\$72.50
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