	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Rico Williams	OFFICE USE ONLY ONLINE SUBMISSION						
	Name	[1242691]						
(2)	4208 Clay Street	Submitted on:						
	Address (number and street)	1/31/2021 23:45:57 (eastern)						
	Marianna, FL 32448							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Supervisor of	Elections						
	Political Committee (PC)							
		Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>						
	individual making electioneering communications)	Check here if no other is of so reports will be med						
	-							
	(5) Report	Identifiers						
Cove	rer Period: From 10 / 30 / 2020 To	1 / 31 / 2021 Report Type: TAG						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casi	sh & Checks \$ , , 000	Monetary						
Loar	ns \$,,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00						
Tota	al Monetary \$ , ,000	Total Monetary \$ , , 284 . 94						
In-Ki	find \$,,, <u>0</u> . <u>00</u>	, , ,						
		(8) Other Distributions						
	l de la companya de	\$,,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$							
	(11) Cert							
	It is a first degree misdemeanor for any person	on 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:								
(T	Гуре пате)	(Type name)						
	Individual (only for IE  Treasurer  Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X	§	_X						
Si	ignature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Rico Williams				2) I.D. Numbe	r3	22
	10/30/2020		1	/31/2021		_	
(3) Cover Perio	od//	thro	ough	11_	(4) Page	e <u>1</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind 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 R	ico	Willi	ams	110					 (2) I.D. Nur	nber	3	322	
		10/3	0/2	020		1/	31/2	021					
(3) Cover Pe	eriod	1		1	through		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
1/23/2021	SunTrust Bank, 2255 Hwy 71 Marianna, FL 32448	monthly fees	MO		\$20.00
1/25/2021	Williams, Rico 4208 Clay St Marianna, Fl 32448	misc.	MO		\$264.94
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