CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Charles Antonio Williams	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	9918 Rivers Williams Circle	Submitted on:								
	Address (number and street)	7/20/2018 19:28:30 (eastern)								
	Tallahassee, FL 32305									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 537								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: Leon County School Board - District 3 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 									
	(5) Report	Identifiers								
	er Period: From 6 / 23 / 2018 To									
0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , 0 . <u>00</u>	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , , 0 . 00	Total Monetary \$, , –97 . 63								
In-Ki	and \$,,, <u>0</u> .00	,, <u>,</u>								
		(8) Other Distributions \$, , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(T	(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 Treasurer Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
X	gnature	X Signature								
2	onaiore	i olunalure								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Charles Antonio Wil	liams			2) I.D. Numbe	er	37
(3) Cover Per	6/23/2018 iod/////	thro	ough	/6/2018 ///	(4) Pag	e <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Type	Occupation	Туре	Description	zanonanone	Amount
1 1							
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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 <u></u>	harle	s Anton	nio Wi	lliams			 (2) I.D. Nun	nber	į	537	300
		6/23/2	018		7/6/20	18					
(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
7/6/2018	Parks and Rec, Woodville Community Old Woodville Hwy Tallahassee, Fl 32305	live oak room	MO	Delete	\$87.63
6/29/2018	Monthly , Service Charge Capital City Bank Tallahassee, Fl 32301	monthly service fee	МО	Delete	\$10.00
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DS-DE 14 (Rev	44(40.1)				