CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	David T Hawkins	OFFICE USE ONLY ONLINE SUBMISSION					
(2)	Name 7680 Talley Ann Dr	[1252845]					
(2)	Address (number and street)	Submitted on:					
	Tallahassee, FL 32311	12/30/2021 12:25:04 (eastern)					
	City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 593					
(4)	Check appropriate box(es):						
	 ☐ Candidate Office Sought: Leon County Commission - District 5 ☐ 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	dentifiers					
Cove	er Period: From <u>12</u> / <u>1</u> / <u>2021</u> To						
X O	riginal Amendment Sp	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	h & Checks \$,1 , <u>000</u> . <u>00</u>	Monetary					
Loans \$,,,		Transfers to Office Account \$, , , 0 . 00					
Tota	I Monetary \$,1 , <u>000</u> . <u>00</u>	Total Monetary \$, , 0 . 00					
In-Ki	ind \$,,,	, , <u></u> , <u></u> , <u></u>					
		(8) Other Distributions \$, , 000_					
(9)	TOTAL Monetary Contributions To Date \$,11 ,00000	(10) TOTAL Monetary Expenditures To Date \$, , 000					
(T		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)					
X		<u>X</u>					
Si	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name		(2) I.D. Number 593					
	12/1/2021			2/31/2021			
(3) Cover Perio	od//	thro			(4) Page	a <u>1</u>	of
				r			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_		_			
Sequence	Street Address &		ontributor	Contribution	In-kind	A was an always to	800000000000000000000000000000000000000
Number	City, State, Zip Code Hawkins, David T.		Occupation fl. dept.	Type CA	Description	Amendment	Amount \$1,000.0
12/30/2021	7680 Talley Ann Dr.		of rev.	CA			φ1,000.0
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name David	12/1/2021	12/31/2021	(2) I.D. Number	<u> </u>	593
B) Cover Period _	/through		(4) Page1	of _	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought i contribution to a candidate)	f Expenditure Type	Amendment	Amount
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39455 129					

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