

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) William Washington
Name
(2) 12353 NE Colin Kelly Hwy
Address (number and street)
Pinetta, FL 32350
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1304449]
Submitted on:
4/3/2024 10:26:10 (eastern)

Check here if address has changed

(3) ID Number: 122

(4) Check appropriate box(es):

Candidate Office Sought: Clerk of Court

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2024 To 3 / 31 / 2024 Report Type: Q1

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 \$, , 42 . 70

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 42 . 70

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 150 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 42 . 70

(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 William Washington (2) I.D. Number 122

1/1/2024 through 3/31/2024

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (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 William Washington

(2) I.D. Number 122

(3) Cover Period 1/1/2024 through 3/31/2024

(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					
1/31/2024 //	Capital City Bank, 343 West Base Street Madison, FL 32340	service charge	MO		\$10.00
1					
2/2/2024 //	Supervisor of Elections, 239 SW Pinckney Street Madison, FL 32340	petition fee	MO		\$12.70
2					
2/29/2024 //	Capital City Bank, 343 West Base Street Madison, FL 32340	service charge	MO		\$10.00
3					
3/29/2024 //	Capital City Bank, 343 West Base Street Madison, FL 32340	service charge	MO		\$10.00
4					
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