	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Charles B Smith	OFFICE USE ONLY			
	Name	ONLINE SUBMISSION [1267834]			
(2)	1701 4th Ave W	Submitted on:			
	Address (number and street)	7/7/2022 15:43:14 (eastern)			
	Palmetto, FL 34221 City, State, Zip Code				
	☐ Check here if address has changed	(3) ID Number: 2033			
(4)	_	(3) ID Number: 2033			
(4)	Check appropriate box(es): County Commis	SION - DIST 2			
	☐ Candidate Office Sought: COUNTY COMMIS☐ Political Committee (PC)	SION DIST. 2			
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded			
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed			
	individual making electioneering communications)	Check here if no other iz or zo reports will be filed			
	(5) Panari	dentifiers			
Cove	.,.				
	er Period: From $\frac{6}{6}$ / $\frac{18}{18}$ / $\frac{2022}{2022}$ To				
<u> </u>	riginal Amendment Spr	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Casl	n & Checks \$, , <u>150</u> . <u>00</u>	Monetary			
Loar	s , , , , 000	Transfers to Office Account \$, , 0 . 00			
Tota	I Monetary \$, , <u>150</u> . <u>00</u>	Total Monetary \$, , 0 . 00			
In-Ki	nd \$,, <u>0</u> . <u>00</u>				
		(8) Other Distributions			
		\$,, <u>0</u> . <u>00</u>			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$, _10_, 17000_	\$, ,, 13 30_			
		tification on to falsify a public record (ss. 839.13, F.S.)			
Ιc	ertify that I have examined this report and it is true, corr	, , , ,			
		1			
	ype name) Individual (only for IE Treasurer Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)			
	electioneering comm.)				
X		_X			
Si	gnature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameChar	rles B Sm	ith				(2) I.D. Number		2033	
	6/18/202	22		7/1/2	2022				
(3) Cover Period		/	through	/	1	(4) Page	1	$_$ of $_{}^{1}$	

		T				T T	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C _i Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
6/23/2022	Williams, Jr., Charles N Joann Williams 5519 70th Dr E Ellenton, FL 34222		educator	СН			\$100.0
6/23/2022	Fobbs, Annie Ruth 5519 70th Dr E Ellenton, FL 34222	I	retired	СН			\$50.0
1 1							
j j							
I I							
J I							
J I							
J J							

) Name Charle	6/18/2022	7/1/2022	(2) I.D. Numbe	* '8-	
) Cover Period _	/thro	ough//	(4) Page1	of	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Mi Street Address & City, State, Zip Co	k contributi	sought if on to a Expenditure	(10)	(11)
//					
//					
//					
11					
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//					

DS-I	DF '	14	Rev	11/13	١