

## CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) William C. Braswell  
 Name

(2) 762 Edison Rd.  
 Address (number and street)

Auburndale, FL 33823  
 City, State, Zip Code

Check here if address has changed

(3) ID Number: 143

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 1 / 2019 To 6 / 30 / 2019 Report Type: M6

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 \$        ,        , 9 . 95

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 9 . 95

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 50 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 9 . 95

### (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 C. Braswell (2) I.D. Number 143

(3) Cover Period 6/1/2019 through 6/30/2019 (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 C. Braswell

(2) I.D. Number 143

(3) Cover Period 6/1/2019 through 6/30/2019

(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					
6/28/2019 //	CenterState Bank, 3670 Havendale NW Blvd Winter Haven, FL 33881	statement and balance requirement fees	MO		\$9.95
1					
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