

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) William Braswell
 Name

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

Auburndale, FL 33823
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: 258

(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 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 \$, 2 , 500 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 500 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 28 , 357 . 10

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 119 . 73

(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 Braswell (2) I.D. Number 258

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 Braswell

(2) I.D. Number 258

(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
3/29/2024 //	Polk State College Foundation, 999 Avenue H NE Winter Haven, FL 33881	advertising	MO		\$2,500.00
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