

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Aaron Williams

Name

(2) 4086 Amble Way

Address (number and street)

Pace, FL 32571

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 172

### OFFICE USE ONLY

ONLINE SUBMISSION

[1300341]

Submitted on:

10/10/2023 08:43:54 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commissioner District 1

☐ 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 7 / 1 / 2023 To 9 / 30 / 2023 Report Type: Q3

☐ 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 \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 474 . 21

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 212 . 17

### (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 Aaron Williams (2) I.D. Number 172  
 7/1/2023 9/30/2023  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 1

(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
(6) Sequence Number						
8/11/2023 / /	Stallworth , ED 658 Seapine Circle Pensacola , FL 32506	I business owner	CH		Delete	\$104.10
1						
8/11/2023 / /	Stallworth , ED 658 Seapine Circle Pensacola , FL 32506	I insurance owner	CH		Add	\$104.10
2						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Aaron Williams

(2) I.D. Number 172

(3) Cover Period 7/1/2023 through 9/30/2023

(4) Page 1 of 0

(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
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