

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Will Roberts

Name

(2) *Protected*

Address (number and street)

,

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 943

(4) Check appropriate box(es):

☒ Candidate Office Sought: Tax Collector

☐ 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

OFFICE USE ONLY
ONLINE SUBMISSION
[1310620]

Submitted on:
6/17/2024 21:40:13 (eastern)

(5) Report Identifiers

Cover Period: From 6 / 15 / 2024 To 6 / 28 / 2024 Report Type: P2

☒ 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 \$, 4 , 456 . 83

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 4 , 456 . 83

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 5 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 5 , 100 . 00

(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 Will Roberts (2) I.D. Number 943
 (3) Cover Period 6/15/2024 through 6/28/2024 (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 Will Roberts

(2) I.D. Number 943

(3) Cover Period 6/15/2024 through 6/28/2024

(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
6/17/2024 / /	Roberts, Will Protected* Protected*, FL Protected*	refund to candidate	RE		\$4,456.83
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