FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) ANDY WILLIAMS (2) ANDY WILLIAMS Candidate, Committee or Party Name 33040 **(3)** G-30 ROBERTA ST KEY WEST Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______MOSQUITO CONTROL BD. DIST. 1 Political Committee Check if PC has DISBANDED Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2004 To 7/23/2004 Cover Period: Report Type: F1 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 100.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 100.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 25.00 100.00 \$ (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 I certify that I have examined this report and it is true. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	ANDY	WILLIAMS	5		(2)	I.D. Numb	er ANDY W	ILLIAM
(3) Cover Peri	od	_ through _.	7/	23/2004	(4)	Page	1 of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First,	Middle)	Cor	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/12/2004	WILLIAMS ANDY G-30 RIBERTA ST KEY WEST, FL 33040		I	CONSUL ANT	CHE			100.00
1								
DS-DE 13 (7/98	SEE SEE	KEVERSE F	OR IN	NSTRUCTIO	NS AND CO	DE VALUES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	ANDY	(2) I.D. Number ANDY WILLIAMS						
(3) Cover Period	7/1/2004	through	7/23/2004	(4) Page	1	of_	1	

	(2)	(0)	(0)	(4.0)	(1.1)
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/15/2004	SUPERVISOR OF ELECTIONS 530 Whitehead Street, Suite	QUALIFYING FEE	MON		25.00
	101 KEY WEST, FL 33040				
1					
DS-DE 14 (7/98	SEE DEVEDSE FOR I	NSTRUCTIONS AND C	ONE VALUES		