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 8/7/2004 To 8/26/2004 Report Type: F3 Cover Period: 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 500.00 100.00 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 500.00 Total Monetary Total Monetary 5.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 125.00 600.00 \$ (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

(1) Name	ANDY WILLIAMS			(2) I.D. Number <u>ANDY WILLIAM</u>				
(3) Cover Period 8/7/2004 through						1 of 1		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Туре	_	Contribution Type	In-kind Description	Amendment	Amount	
8/18/2004	WILLIAMS ANDY G-30 ROBERTA ST KEY WEST, FL 33040	I	CONSUL ANT	CHE			500.00	
1								
8/18/2004	WILLIAMS ANDY G-30 ROBERTA ST KEY WEST, FL 33040	I	CONSUL ATN	INK	FLIERS		5.00	
2								
DS-DE 13 (7/98	SEE REVERSE I	OR IN	<u> </u> STRUCTIO	NS AND CO	DE VALUES			

DS-DE 13 (7/98)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	ANDY WILLIAMS			(2) I.D. Number ANDY WILLIAMS				
(3) Cover Period	8/7/2004	through	8/26/2004	(4) Page	1	of	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
8/18/2004	BUSS. PROF. WOMEN P.O. BOX 231 TAVERNIER, FL 33070	LUNCHEON	MON		100.00
1					