

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Wilson for Council (Charlie Wilson)
 Name
 (2) 1875 Cobla Dr. #175
 Address (number and street)
Vero Beach, FL 32960
 City, State, Zip Code

OFFICE USE ONLY

~~2001 SEP 05 PM 12:52~~
 October 5, 2001

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Vero Beach City Council
- 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 10 / 1 / 20 To 10 / 1 / 20 Report Type: 62

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 .

Loans \$, , 0 .

Total Monetary \$, , 0 .

In-Kind \$, , 0 .

(7) Expenditures This Report

Monetary Expenditures \$, , 0 .

Transfers to Office Account \$, , 0 .

Total Monetary \$, , 0 .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 5 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 158 . 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) Charles Wilson

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Charles Wilson

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Wilson For Council

(2) I.D. Number _____

(3) Cover Period 10/1/21 through 10/1/21

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Wilson For Council (2) I.D. Number _____

(3) Cover Period 10 / 1 / 21 through 10 / 1 / 21 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
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