

**FLORIDA DEPARTMENT OF STATE - DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JIM WILLIAMSON

Name

(2) 4351 BERRYHILL ROAD

Address (number and street)

PACE, FLORIDA 32571

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: N/A

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER DISTRICT 1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 12 To 03 / 31 / 12 Report Type Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 580.00

Loans \$ 1,000.00

Total Monetary \$ 1,580.00

In-Kind \$ 132.99

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 192.94

Transfers to Office Account \$ _____

Total Monetary \$ 192.94

(8) Other Distributions \$ 132.99

(9) TOTAL Monetary Contributions To Date

\$ 1,580.00

(10) TOTAL Monetary Expenditures To Date

\$ 192.94

(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) JOHN DUCKER

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X John Ducker

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) JIM WILLIAMSON

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Jim Williamson

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JIM WILLIAMSON (2) I.D. Number N/A

(3) Cover Period 01 / 01 / 12 through 03 / 31 / 12 (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		Type	Occupation	Type	Description	Amendment	Amount
01 / 20 / 12 1	WILLIAMSON, JIM 4351 BERRYHILL RD PACE, FL 32571	I	BUSINESS OWNER	LOA			1000.00
03 / 12 / 12 2	ROGERS, RICHARD 83 BLACK HICKORY WAY ORMOND BEACH, FL 32174	I		CHE			20.00
03 / 12 / 12 3	DUFF, REBECCA 40 FRANKLIN RD HATTIESBURG, MS 39402	I		CHE			20.00
03 / 17 / 12 4	ROGERS, CAROL 411 WOODBINE DR PENSACOLA, FL 32503	I		CHE			20.00
03 / 20 / 12 5	CHB OF NORTHWEST FLORIDA, INC. 4400 BAYOU BLVD. SUITE 46 PENSACOLA, FL 32503	B	BLDG CONTRAC TOR	CHE			500.00
03 / 19 / 12 6	ROGERS, MILTON 8680 SCENIC HWY. #19 PENSACOLA, FL 32514	I		CHE			20.00
01 / 19 / 12 7	WILLIAMSON, LAURA 4351 BERRYHILL RD PACE, FL 32571	I	BOOKKEEP ER	INK	132.99		
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JIM WILLIAMSON

(2) I.D. Number N/A

(3) Cover Period 01 / 01 / 12 through 03 / 31 / 12

(4) Page 1 of 2

(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) Sequence Number					
02 / 03 / 12	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	ADV	MON		\$20.00
1					
02 / 17 / 12	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	ADV	MON		\$20.00
2					
02 / 23 / 12	OFFICE DEPOT 4930 HIGHWAY 90 PACE, FL 32571	SUPPLIES FOR ADV	MON		\$17.79
3					
02 / 23 / 12	CHARTERBANK 6512 HIGHWAY 90 MILTON, FL 32570	PRINTING CHECK CHARGE	MON		\$25.04
4					
02 / 27 / 12	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	ADV	MON		\$20.00
5					
03 / 05 / 12	OFFICE DEPOT 4930 HIGHWAY 90 PACE, FL 32571	SUPPLIES FOR ADV	MON		\$27.91
6					
03 / 13 / 12	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	ADV	MON		\$20.00
7					
03 / 22 / 12	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	ADV	MON		\$20.00
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JIM WILLIAMSON

(2) I.D. Number N/A

(3) Cover Period 01 / 01 / 12 through 03 / 31 / 12

(4) Page 2 of 2

(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) Sequence Number					
03 / 26 / 12	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	ADV	MON		\$20.00
9					
03 / 27 / 12	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	ADV	MON		\$2.20
10					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					