

**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

**SUPERVISOR OF ELECTIONS OFFICE USE ONLY**  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592

2012 SEP 12 PM 1 12

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

**(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 08 / 10 / 12 To 08 / 30 / 12 Report Type TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 0.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 4,660.31

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 4,660.31

**(8) Other Distributions**  
\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
\$ 22,830.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 22,830.00

**(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.

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

(Type name) JIM WILLIAMSON

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

**X** John Ducker  
Signature

**X** Jim Williamson  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name JIM WILLIAMSON

(2) I.D. Number N/A

(3) Cover Period 08 / 10 / 12 through 08 / 30 / 12

(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
08 / 30 / 12	WILLIAMSON, JIM 4351 BERRYHILL RD PACE, FL 32571	REPAY LOAN	MON		\$4,660.31
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