FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT, SUMMARY							
(1) Rob Williamson	6495 GAROLIN OFFICE USE ONLY MILTON, FL 32578-4592						
Name .							
(2) PO Box 6118	2014 OCT 10 PM 3 22						
Address (number and street)							
Navarre, FL 32566 City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es):	•						
✓ Candidate (office sought): Santa Rosa Coun	· ·						
Political Committee	CHECK IF PC HAS DISBANDED						
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED						
☐ Party Executive Committee	CHECK IF NO OTHER ELECTIONEERING						
☐ Electioneering Communication	COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT I	DENTIFIERS						
Cover Period: From 09 / 27 / 2014 To	10 / 03 / 2014 Report Type 2014 G4						
☑ Original ☐ Amendment ☐ Special Election	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$ 1,000.00	Monetary Expenditures \$ 567.00						
Loans \$	Transfers to Office Account \$						
Total Monetary \$ 1,000.00	Total						
	Monetary \$ 567.00						
In-Kind \$							
	(8) Other Distributions \$						
(9) TOTAL Monetary Contributions To Date \$ 51,895.00	(10) TOTAL Monetary Expenditures To Date \$ 47,699.36						
(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) Rob Williamson	(Type name) Rob Williamson						
☐ Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X outful X outflue							
Signature Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1)	Name	Rob Williamson	(2)	I.D. Number	
			- •		

(3) Cover Period	09 / 27 / 14	throu	gh <sup>10</sup> /	03 / 14	(4) Page	1	of <sup>1</sup>
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
09 <sub>/</sub> 27 <sub>/</sub> 2014	H.L.O.T. Limited Partnership 4229 Hwy 90 Pace, FL 32571	В	Property Developm ent	СНЕ			500.00
2 2014	O.P. Limited Partnership 4229 Hwy 90 Pace, FL 32571	В	Propert Y Develop ment	СНЕ			500.00
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name				Rob Williamsor	1				_	(2) I.D. Num	ber			
(3) Cover Period	09	,	27	/ <sup>2014</sup> through	10	,	03	, 2014		(4) Page	1	of	1	

2237 Lemure Dr. Navarre, FL 32566  Bank of America 301 Gulf Breeze Pkwy Gulf Breeze, FL 32561  2 and Content management  Fees  MON \$17.00	(5)	(7)	(8)	(9)	(10)	(11)
1	(6) Sequence	(Last, Suffix, First, Middle) Street Address &	(add office sought if contribution to a		Amendment	Amount
10 /01 /14		2237 Lemure Dr.	and Content	MON		\$500.00
10 /01 /14		301 Gulf Breeze Pkwy	Fees	MON		\$17.00
		3604 Pine Level Church Rd	Booth	MON		\$50.00
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DS-DF 14 (Rev. 08/03)	//					