

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bill Willson  
Name

(2) 708 APALACHICOLA Rd  
Address (number and street)

VENICE, FL 34285  
City, State, Zip Code

**OFFICE USE ONLY**

AUG 3 '20 AM 10:27

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: VENICE CITY COUNCIL SEAT 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 07 1 25 12020 To 07 131 12020 Report Type: P 6

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_, \_\_\_\_\_, 300.00

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

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, 300.00

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

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

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

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 3,650.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 762.73

### (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) Bill Willson

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

X Bill Willson  
Signature

(Type name) Bill Willson

Candidate     Chairperson (only for PC and PTY)

X Bill Willson  
Signature

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

(1) Name Bill Willson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/25/2020 through 07/31/2020 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount     |
|---------------------------|--|---------------------------------------|------------|-----------------------------|--------------------------------|-------------------|--------------------|
| (6)<br>Sequence<br>Number |  | Type                                  | Occupation | Type                        | Description                    | Amendment         | Amount             |
| 07, 27, 2020              | Charles Hale<br>1375 Berkshire Ct<br>Venice, FL 34292  | I                                     | Retired    | CHE                         |                                |                   | 50. <sup>00</sup>  |
| 1                         |  |                                       |            |                             |                                |                   |                    |
| 07, 27, 2020              | Diane Hale<br>1375 Berkshire Ct<br>Venice, FL<br>34292   | I                                     | Retired    | CHE                         |                                |                   | 50. <sup>00</sup>  |
| 2                         |  |                                       |            |                             |                                |                   |                    |
| 07, 31, 2020              | James Kasimyak<br>616 Apalachicola<br>Rd Venice, FL<br>34285                                   | I                                     | Retired    | CHE                         |                                |                   | 200. <sup>00</sup> |
| 3                         |  |                                       |            |                             |                                |                   |                    |
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Bill Wilson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07 125 12020 through 07 131 12020 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
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