

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bill Willson
Name

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

Venice, FL 34285
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

AUG 24 '20 AM 10:59

(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 08 / 14 / 2020 To 08 / 21 / 2020 Report Type: G1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 700.00

Loans \$ _____, 1,000.00

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 195.24

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 195.24

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 6,050.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 2,023.04

(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 EXPENDITURES

(1) Name Bill Wilson

(2) I.D. Number _____

(3) Cover Period 08/14/2020 through 08/21/2020

(4) Page 1 of _____

(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
08/14/2020	CITY OF VENICE 401 W-VENICE AVE VENICE, FL 34285	Filing Fee	CAN		102. ⁰⁰
1					
08/17/2020	VENICE PRINT CENTER 2021 S. TAMMAM TRL. 1 VENICE, FL 34293	PRINTING	CAN		93. ²⁶
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bill Willson (2) I.D. Number _____

(3) Cover Period 08/14/2020 through 08/21/2020 (4) Page 1 of _____

(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		
8/20/2020	William Willson 708 Appalachicola Verice, FL 34285	S	Insurance Agent	LOA			1,000. ⁰⁰
1							
8/20/2020	John Holte 634 Appalachicola Verice, FL 34285	I	Retired	CHE			200. ⁰⁰
2							
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							