

## 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**

OCT 19 '20 AM 9:14

(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 10 / 03 / 2020 To 10 / 16 / 2020 Report Type: G5

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        , 2 , 225.00

Loans \$        ,        ,        .       

Total Monetary \$        , 2 , 225.00

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        , 7 , 277.54

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        , 7 , 277.54

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        , 22 , 685.00

### (10) TOTAL Monetary Expenditures To Date

\$        , 11 , 361.61

### (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 10/03/2020 through 10/16/2020 (4) Page 1 of 2

(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		
10, 03, 2020	JAMES GADLOCK 640 GRANADA AVE VENICE, FL 34285	I	Retired	CHE			100. <sup>00</sup>
1							
10, 04, 2020	TOMMYE WHITTAKER 613 W. VENICE AVE VENICE, FL 34285	I	<del>Homemaker</del>	CHE			250. <sup>00</sup>
2							
10, 05, 2020	LARRY IVEY 120 BAY AVE. VENICE, FL 34285	I	Retired	CHE			50. <sup>00</sup>
3							
10, 05, 2020	LARRY HUMES 324 BAYSHORE DR VENICE, FL 34285	I	Retired	CHE			100. <sup>00</sup>
4							
10, 06, 2020	HENRY HOLZAPFEL 620 W VENICE AVE VENICE, FL 34285	I	Retired	CHE			25. <sup>00</sup>
5							
10, 09, 2020	PAM MOSOLINO 452 BAYSHORE DR VENICE, FL 34285	I	Business owner	CHE			1,000. <sup>00</sup>
6							
10, 09, 2020	JAMES KASMAK 614 APOLACHIANA AVE VENICE, FL 34285	I	Retired	CHE			200. <sup>00</sup>
7							

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

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

(3) Cover Period 10 / 03 / 2020 through 10 / 16 / 2020 (4) Page 2 of 2

(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		Amount
10 / 09 / 2020	STEVEN GELZENY 440 BAYSHORE RD VENICE, FL 34285	I	Business owner	CHE			100. <sup>00</sup>
8							
10 / 09 / 2020	STEPHEN SHERMAN 224 PENSACOLA RD VENICE, FL 34285	I	construction	CHE			100. <sup>00</sup>
9							
10 / 09 / 2020	JOHN ABOM 614 LAGUNA DR VENICE, FL 34285	I	Retired	CHE			100. <sup>00</sup>
10							
10 / 09 / 2020	ANGIE SUTHERLAND 2169 IMPALA RD ATLANTA GA 30345	I	Retired	CHE			100. <sup>00</sup>
11							
10 / 13 / 2020	CHARLES HINES 322 YACHT HARBOUR DR OSPNEY, FL 34229	I	county commissioner	CHE			100. <sup>00</sup>
12							
1 / 1							
1 / 1							

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

(1) Name Bill Willson

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/03/2020 through 10/16/2020

(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
(6) Sequence Number					
10/07/2020	Andrick 4400 Independence CT SARASOTA, FL 34234	Flyers + mailing	CAN		3,949. <sup>77</sup>
1					
10/16/2020	Andrick 4400 Independence CT SARASOTA, FL 34234	Flyers + mailing	CAN		3,327. <sup>77</sup>
2					
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