CAMPAIGN TREASUR	RER'S REPORT SUMMARY
(1) COLUMBIA COUNTY DEMOCRATIC PARTY	OFFICE USE ONLY
Name	ONLINE SUBMISSION
(2) RON WILLIAMS, II - CHAIRMAN; PO BOX	1263 Submitted on:
Address (number and street) LAKE CITY, FL 32056-1263	4/9/2020 15:58:32 (eastern)
City, State, Zip Code	
☐ Check here if address has changed	(3) ID Number: 1161
(4) Check appropriate box(es):	(6) 12 (41)
☐ Candidate Office Sought: ☐ 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) Repo	ort Identifiers
Cover Period: From 1 / 1 / 2020 T	To 3 / 31 / 2020 Report Type: Q1
☐ Original ☐ Amendment ☐ S	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , , 000	Monetary
Loans \$,,,0.00	Transfers to Office Account \$, , , 0 . 00
Total Monetary \$	Total Monetary \$, , _61 . 00
, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions \$, 000
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$	\$,,37020_
	ertification erson to falsify a public record (ss. 839.13, F.S.) prrect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)
X	X
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	COLUMBIA COUNTY DEM	OCRAT	IC PARTY		2) I.D. Numbe	r1	161
	1/1/2020		3	/31/2020			
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e <u>1</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	Amendment	A
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
/ /							
1 1	-						
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1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	COLUMBIA	COUNTY	DEMOCRATIC	PARTY		(2) I.D. Numl	ber	1	161	-
	1/	1/2020		3/31/20	020		-			
(3) Cover P	eriod	1 1	through	ı /	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/31/2020	Postmaster - Lake City, United States 250 North West Main Boulevard Lake City, FL 32055	post office box rent	MO		\$59.00
2/10/2020	Bank, TD 230 North Main Street Lake Coty, FL 32055	paper statement fee	MO		\$1.00
3/10/2020	Bank, TD 30 North Main Street Lake City, FL 32055	paper statement fee	MO		\$1.00
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DS-DE 14 (Rev					