| CAMPAIGN TREASURER'S REPORT SUMMARY   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| (1)   | Alan Williams  | OFFICE USE ONLY   |  |  |  |  |
|   | Name   | ONLINE SUBMISSION   |  |  |  |  |
| (2)   | P. O. Box 10169  | Submitted on:   |  |  |  |  |
|   | Address (number and street)  | 1/14/2016 13:07:52 (eastern)  |  |  |  |  |
|   | Tallahassee, FL 32302  City, State, Zip Code   |   |  |  |  |  |
|   | ☐ Check here if address has changed  | (3) ID Number: 423  |  |  |  |  |
| (4)   | Check appropriate box(es):   | (9) ID NUMBER   |  |  |  |  |
| (4)   | ☐ Crieck appropriate box(es).  ☐ Candidate Office Sought: Leon County St   | Supervisor of Elections   |  |  |  |  |
|   | Political Committee (PC)   | <u> </u>  |  |  |  |  |
|   | _  | Check here if PC or ECO has disbanded   |  |  |  |  |
|   | ☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ [☐ [☐ [☐ [☐ [☐ [☐ [☐ [☐ [☐ [☐ [☐ [☐ | <ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul> |  |  |  |  |
|   | individual making electioneering communications)   | Check here if no other in or no reports will be med   |  |  |  |  |
|   |  |   |  |  |  |  |
|   |  | Identifiers   |  |  |  |  |
| Cove  | er Period: From $12$ / $1$ / $2015$ To   | 12 / 31 / 2015 Report Type: M12   |  |  |  |  |
| 0   | Original ☐ Amendment ☐ Spe   | ecial Election Report   |  |  |  |  |
| (6)   | Contributions This Report  | (7) Expenditures This Report  |  |  |  |  |
|   |  | Monetary  |  |  |  |  |
| Cash  | h & Checks \$ , , ,000   | Expenditures \$ , , 0 . 00  |  |  |  |  |
| Lagr  | s 0 00   | To a family   |  |  |  |  |
| Loar  | ns \$,, <u>0</u> . <u>00</u>   | Transfers to Office Account \$  |  |  |  |  |
| Tota  | al Monetary \$ , , 0 . 00  | Office Account \$ , , , 0 . 00  |  |  |  |  |
| TULA  | , , , , ,  | Total Monetary \$ , , 0 . 00  |  |  |  |  |
| In-Ki   | ind \$ , , 0.00  | ,,,   |  |  |  |  |
| III i Xi  | ,, ,, ,, ,   | (8) Other Distributions   |  |  |  |  |
|   | 1  | \$,, 000_   |  |  |  |  |
|   |  |   |  |  |  |  |
| (9)   | TOTAL Monetary Contributions To Date   | (10) TOTAL Monetary Expenditures To Date  |  |  |  |  |
|   | \$, <u>13</u> , <u>160</u> . <u>00</u>   | \$ , , <u>367</u> . <u>82</u>   |  |  |  |  |
|   | (11) Cert  | L<br>tification   |  |  |  |  |
|   | It is a first degree misdemeanor for any person  |   |  |  |  |  |
| I certify that I have examined this report and it is true, correct, and complete: |  |   |  |  |  |  |
| (T  | ype name)  | (Type name)   |  |  |  |  |
|   | Individual (only for IE  Treasurer Deputy Treasurer  | ☐ Candidate ☐ Chairperson (only for PC and PTY)   |  |  |  |  |
| or  | electioneering comm.)  |   |  |  |  |  |
| Х   |  | ×   |  |  |  |  |
|   | ignature   | Signature   |  |  |  |  |

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

| (1) Name Alan Williams (2) I.D. Number 423 |   |           |                            |                       |                                | :23    |                |
|--|---|-----------|----------------------------|-----------------------|--------------------------------|--------|----------------|
| (3) Cover Period / /                       |   |           | 1                          |                       |                                |        |                |
| (5)<br>Date<br>(6)<br>Sequence<br>Number   | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code  | C<br>Type |                            | (9) Contribution Type | (10)<br>In-kind<br>Description | (11)   | (12)<br>Amount |
| 12/22/2015                                 | Kraft, Christopher<br>215 West College Avenue<br>Unit 1002<br>Tallahassee, FL 32301 | I         | business<br>owner          | СН                    |                                | Delete | \$250.0        |
| 12/22/2015<br>/ /                          | Kraft, Christopher<br>215 West College Avenue<br>Unit 1002<br>Tallahassee, FL 32301 | I         | car<br>dealership<br>owner | СН                    |                                | Add    | \$250.0        |
| J J  |   |           |                            |                       |                                |        |                |
| J I  |   |           |                            |                       |                                |        |                |
| J J  |   |           |                            |                       |                                |        |                |
| J I  |   |           |                            |                       |                                |        |                |
| J I  |   |           |                            |                       |                                |        |                |
| 1 1  |   |           |                            |                       |                                |        |                |

| (1) Name Alan                | CAMPAIGN TREASURER'S RE  | (2   | EXPENDIT<br>2) I.D. Number |      | 423            |
|------------------------------|--|--|----------------------------|------|----------------|
| (3) Cover Period             | 12/1/2015 12/<br>/   |  | l) Page <u>1</u>           | of   | 0              |
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9)<br>Expenditure<br>Type | (10) | (11)<br>Amount |
| //                           |  |  |                            |      |                |
| //                           |  |  |                            |      |                |
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| DS-DE 14 (Rev. 11/13 ) |  |  |   |  |  |  |  |