

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Dianne Williams-Cox  
 Name

(2) 1563 Capital Circle SE #157  
 Address (number and street)

Tallahassee, FL 32301  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1159695]

Submitted on:  
 7/6/2018 08:25:46 (eastern)

Check here if address has changed

(3) ID Number: 513

(4) Check appropriate box(es):

- Candidate Office Sought: Tallahassee City Commission - Seat 5
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 1 / 2018 To 6 / 22 / 2018 Report Type: P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 12 , 807 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 5 , 854 . 32

### (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) \_\_\_\_\_

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

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dianne Williams-Cox (2) I.D. Number 513  
 (3) Cover Period 6/1/2018 through 6/22/2018 (4) Page 1 of 1

(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						
6/19/2018 / /	Paul, Debra 4247 Red Oak Dr. Tallahassee, FL 32311	I state admin	CH		Delete	\$150.00
1						
6/19/2018 / /	Paul, Debra 4247 Red Oak Dr. Tallahassee, FL 32311	I deo administra tor	CH		Add	\$150.00
2						
6/22/2018 / /	Thompson, Anita 7057 Standing Pines Dr. Tallahassee, FL 32312	I famu employee	CH		Delete	\$150.00
3						
6/22/2018 / /	Thompson, Anita 7057 Standing Pines Dr. Tallahassee, FL 32312	I retired city gov	CH		Add	\$150.00
4						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

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

(1) Name Dianne Williams-Cox

(2) I.D. Number 513

(3) Cover Period 6/1/2018 through 6/22/2018

(4) Page 1 of 1

(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					
6/13/2018 / /	Auryeon Ideas, 715 Spring Sax Rd. Tallahassee, FL 32305	treasurer	MO	Delete	\$75.00
1					
6/13/2018 / /	Auryeon Ideas, 715 Spring Sax Rd. Tallahassee, FL 32305	consultant	MO	Add	\$75.00
2					
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