

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
 [1171118]

Submitted on:
 9/4/2018 19:00:07 (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 8 / 11 / 2018 To 8 / 23 / 2018 Report Type: P7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 230 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 230 . 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

\$, 21 , 189 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 19 , 435 . 11

(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 8/11/2018 through 8/23/2018 (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		Type	Occupation	Type	Description	Amendment	Amount
8/23/2018 / /	Kilpactrick, Jr., Eddie 220 Bourgogne Dr. Tallahassee, FL 32308	I		CH		Delete	\$20.00
1							
8/23/2018 / /	Kilpactrick, Jr., Eddie 220 Bourgogne Dr. Tallahassee, FL 32308	I	retired	CH		Add	\$250.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dianne Williams-Cox

(2) I.D. Number 513

(3) Cover Period 8/11/2018 through 8/23/2018

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					