

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

<p>(1) <u>Bill Proctor</u> <b>Name</b></p> <p>(2) <u>3312 North Ridge Road, Tallahassee, FL 32310</u> <b>Address (number and street)</b></p> <p>_____ <b>City, State, Zip Code</b></p>	<p><b>OFFICE USE ONLY</b>      98</p>
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**CHECK IF ADDRESS HAS CHANGED**      (3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**

<input checked="" type="checkbox"/> Candidate (office sought): <u>Leon County Commission - District 1</u>	<input type="checkbox"/> <b>CHECK IF PC HAS DISBANDED</b>
<input type="checkbox"/> Political Committee	<input type="checkbox"/> <b>CHECK IF CCE HAS DISBANDED</b>
<input type="checkbox"/> Committee of Continuous Existence	
<input type="checkbox"/> Party Executive Committee	
<input type="checkbox"/> Electioneering Communication	<input type="checkbox"/> <b>CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED</b>

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/2/2006 To 12/4/2006 / Report Type TR-P

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$ <u>231.08</u>
Loans	\$ <u>0.00</u>
<b>Total Monetary</b>	<b>\$ <u>231.08</u></b>
In-Kind	\$ <u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$ <u>0.00</u>
Transfers to Office Account	\$ <u>0.00</u>
<b>Total Monetary</b>	<b>\$ <u>0.00</u></b>

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 44,366.08

**(10) TOTAL Monetary Expenditures To Date**

\$ 42,078.66

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.)    <input type="checkbox"/> Treasurer    <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate    <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bill Proctor (2) I.D. Number 98

9/2/2006 through 12/4/2006

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
11/2/2006 / /	Supervisor of Elections, Post Office Box 7357 Tallahassee, FL 32314	B	refund	CH			\$231.08
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Bill Proctor

(2) I.D. Number 98

(3) Cover Period 9/2/2006 through 12/4/2006

(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					
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