CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	SARAH RITTERHOFF WILLIAMS	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	2532 SE 30TH PLACE	Submitted on:						
	Address (number and street)	11/6/2017 08:47:04 (eastern)						
	OCALA, FL 34471 City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 398						
(4)		(3) ID Number: 398						
(4)	Check appropriate box(es):	TUDGE 2						
	☐ Candidate Office Sought: COUNTY COURT☐ Political Committee (PC)	JUDGE - 2						
	☐ 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						
Cove	er Period: From 10 / 1 / 2017 To	10 / 31 / 2017 Report Type: <u>M10</u>						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$, , ,000	Expenditures \$, , <u>83</u> . <u>11</u>						
1	s \$, , 0.00	Tanada wa ka						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Tota	I Monetary \$, , 0.00	,,,						
rota	,, ,, ,, ,,	Total Monetary \$, , 83 . 11						
In-Ki	nd \$, , 25.00	· · · · · · · · · · · · · · · · · · ·						
		(8) Other Distributions						
		\$, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(3)	\$,	\$,,,						
	<u> </u>	, <u> </u>						
	(11) Cert							
	It is a first degree misdemeanor for any pers							
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	SARAH RITTERHOFF WI	S	(2) I.D. Number					
	10/1/2017			0/31/2017				
(3) Cover Perio	od//	thro	ough	1	(4) Pag	e ¹	of ¹	
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(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name		. ,			30.32 302		
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
10/4/2017	Heagy, Robert		printer/co	IK	printing		\$25.0	
10/1/201/	1107 East Silver Springs Bi Ocala, FL 34470	lvd	py center		of petition			
			owne		cards			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _5	SARAH	RITTERHOR	F WILLIA	AMS			 (2) I.D. Nun	nber	3	398	
		10/1/201	7		10/31/2	2017	~ ~				
(3) Cover P	eriod	1	/ th	rouah	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
10/3/2017	Heagy, Robert 1107 East Silver Springs Blvd Ocala, FL 34470	petition cards	MO		\$26.75
10/12/2017	Heagy, Robert 1107 East Silver Springs Blvd Ocala, FL 34471	petition cards	МО		\$12.50
10/20/2017	Heagy, Robert 1107 East Silver Springs Blvd Ocala, FL 34470	petition cards	МО		\$12.50
10/11/2017	United States Post Office, 400 SW 1st Avenue Ocala, FL 34478	postage stamps	МО		\$31.36
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