

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SARAH RITTERHOFF WILLIAMS
 Name

(2) 2532 SE 30TH PLACE
 Address (number and street)

OCALA, FL 34471
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1146819]

Submitted on:
 12/7/2017 10:04:56 (eastern)

Check here if address has changed (3) ID Number: 398

(4) Check appropriate box(es):

Candidate Office Sought: COUNTY COURT JUDGE - 2

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 11 / 1 / 2017 To 11 / 30 / 2017 Report Type: M11

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 \$, , 243 . 40

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 243 . 40

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 50 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 326 . 51

(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 SARAH RITTERHOFF WILLIAMS (2) I.D. Number 398

11/1/2017 11/30/2017

(3) Cover Period ___ / ___ / ___ through ___ / ___ / ___ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SARAH RITTERHOFF WILLIAMS

(2) I.D. Number 398

(3) Cover Period 11/1/2017 through 11/30/2017

(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					
11/2/2017 / /	Ocala Copy Center, 1107 E Silver Spring Blvd Ocala, FL 34470	petition card copies	MO		\$12.50
1					
11/6/2017 / /	Supervisor of Elections, 981 NE 16th Street Ocala, FL 34470	petition card verification	MO		\$230.90
2					
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