

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

**OFFICE USE ONLY
SUPPORT SERVICES**

JUN 19 2012

CITY OF ORMOND BEACH

(1) Bill Partington
Name

(2) [REDACTED]
Address (number and street)
Ormond Beach, FL 32174
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Ormond Beach City Commission, Zone 4
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 2012 To 06 / 18 / 2012 Report Type TR

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 150.00

Total Monetary \$ 150.00

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 150.00 BP 6/12/12

Transfers to Office Account \$ 0

Total Monetary \$ 150.00 BP 6/12/12

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 150.00

(10) TOTAL Monetary Expenditures To Date

\$ 150.00

(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) Bill Partington
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Bill Partington
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Bill Partington
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Bill Partington
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bill Partington (2) I.D. Number _____

(3) Cover Period 04 / 01 / 2012 through 06 / 18 / 2012 (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		
04 / 03 / 2012	Bill Partington [REDACTED] Ormond Beach, FL 32174	I	Attorney	LOA			150.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bill Partington (2) I.D. Number _____
 (3) Cover Period 04 / 01 / 2012 through 06 / 18 / 2012 (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
06/04/12	City of Ormond Beach 22 S. Beach St. Ormond Beach, FL 32174	Qualifying Fee	MON		112.54
1					
06/18/12	Bill Partington [REDACTED] Ormond Beach, FL 32174	Refund (partial) loan	REF		37.46
2					
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