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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For A	n Authori	zed Com	mittee			Office Use Only
NAME OF COMMITTEE (in		TYPE OR P	RINT ▼		ample: If typin er the lines.	g, type	12FE4M5	
DRUMMOND ADDRESS (number an	d street)		S JRSERY RD					
than previous reported. (A	ısly	CHIPLEY		FL 32428				
2. FEC IDENTIFIC		JMBER ▼		CITY STHIS REPORT	× NEW		AMENI (A)	ZIP CODE STATE ▼ DISTRICT DED FL 02
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)		(b) 1	2-Day PRE	Primary (12P		General (2S)	
Octobe	r 15 Quarter	ly Report (Q	3)	Election on	/			in the State of
January	31 Year-End	d Report (YE	(c) 3	0-Day POS	T -Election Rep General (30G		Runoff (30	DR) Special (30S)
Termina	tion Report	(TER)	ı	Election on	M M	D D /	Y Y Y Y	in the State of
5. Covering Period	M 01	M / D 1)13 Y	through	M M 03	/ 0 0 /	2013
I certify that I have e			nd to the be		_	belief it is tru	ue, correct and	d complete.
Signature of Treasure	er <u>WILI</u>	LIAM CLEAVI	E DRUMMON	D II	[Electronically I	Filed] D	ate 04	/ D D / Y Y Y Y Y 2013
	false, errone	eous, or inco	mplete inforr	mation may	subject the per	son signing t	his Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only								FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DRUMMOND FOR CONGRESS

R	eport Covering the Period: From:	/ 01 / Y Y Y Y Y Y TO:	03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)	,	
	(a) Total Contributions (other than loans) (from Line 11(e))	360.99	460.99
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	360.99	460.99
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	402.72	411.72
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	402.72	411.72
8.	Cash on Hand at Close of Reporting Period (from Line 27)	73.66	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	376.85	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

DRUMMOND FOR CONGRESS

Report Covering the Period: From: 01 01 2013 To: May 7 2013

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. C	ONTRIBUTIONS (other than loans) FROM:			
(a)) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized(iii) TOTAL of contributions	200.00	300.00	
	from individuals	200.00	300.00	
(b)	, , , , , , , , , , , , , , , , , , ,	0.00	0.00	
	(such as PACs)	0.00	0.00	
(d (e)	<u>′</u>	160.99	160.99	
	(add Lines 11(a)(iii), (b), (c), and (d))	360.99	460.99	
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00	
3. L0	DANS:) Made or Guaranteed by the			
(a	Candidate	0.00	0.00	
(b	,	0.00	0.00	
(c)) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	FFSETS TO OPERATING KPENDITURES			
(R	defunds, Rebates, etc.)	0.00	0.00	
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
11	OTAL RECEIPTS (add Lines I(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	360.99	460.99	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	402.72	411.72		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
		0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00		
21.	OTHER DISBURSEMENTS	0.00	0.00		
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	402.72	411.72		
	III. CASH SU	JMMARY			
23.	23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD				
24	24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)				
25.	25. SUBTOTAL (add Line 23 and Line 24)				
26.	26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)				
27.	7. CASH ON HAND AT CLOSE OF REPORTING PERIOD 73.66 (subtract Line 26 from Line 25)				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DRUMMOND FOR CONGRESS Full Name (Last, First, Middle Initial) WILLIAM CLEAVE DRUMMOND II Date of Receipt Mailing Address 1031-B NURSERY RD 2013 19 City State Zip Code Transaction ID: SA11D.4245 FL 32425 **CHIPLEY** FEC ID number of contributing Amount of Each Receipt this Period H2FL01209 federal political committee. 160.99 Name of Employer Occupation Money for Vista Prin order Self Emplaoy Freelance Artist, Website Designer Receipt For: 2014 Election Cycle-to-Date Primary X General 160.99 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 160.99 SUBTOTAL of Receipts This Page (optional)..... 160.99 TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

(check only one) Detailed Summary Page Transaction ID: SC/10.4174 NAME OF COMMITTEE (In Full) DRUMMOND FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary RHONDA LEE DRUMMOND General Mailing Address Other (specify) \blacktriangledown 1031-B NURSERY RD State ZIP Code City FL 32428 CHIPLEY Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 50.00 0.00 50.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 14 ^D ^M 03^M Ž012 12/30/2012 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 50.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4131 NAME OF COMMITTEE (In Full) DRUMMOND FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary WILLIAM CLEAVE DRUMMOND II General Mailing Address Other (specify) \blacktriangledown 1031-B NURSERY RD State ZIP Code City FL 32425 CHIPLEY Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M 03 Ž012 12/30/2012 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 100.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4130 NAME OF COMMITTEE (In Full) DRUMMOND FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary WILLIAM CLEAVE DRUMMOND II ★ General Mailing Address Other (specify) \blacktriangledown 1031-B NURSERY RD State ZIP Code City FL 32425 CHIPLEY Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 50.00 0.00 50.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M Ž012 12/30/2012 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 50.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4173 NAME OF COMMITTEE (In Full) DRUMMOND FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary WILLIAM CLEAVE DRUMMOND II General Mailing Address Other (specify) \blacktriangledown 1031-B NURSERY RD State ZIP Code City FL 32425 CHIPLEY Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 55.85 0.00 55.85 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M 03^M Ž012 12/30/2012 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 55.85 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4146 NAME OF COMMITTEE (In Full) DRUMMOND FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary WILLIAM CLEAVE DRUMMOND II General Mailing Address Other (specify) \blacktriangledown 1031-B NURSERY RD State ZIP Code City FL 32425 CHIPLEY Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 121.00 0.00 121.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M ^D30 Ž012 12/30/2012 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 121.00 TOTALS This Period (last page in this line only) 376.85 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.