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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized (<u> </u>		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	IT ▼	Example: If typin over the lines.	g, type	12FE4M5	
DRUMMOND FOR	R CONGRESS					1
ADDRESS (number and stre	eet)	SERY RD				
Check if different	t					
than previously reported. (ACC)	CHIPLEY				FL	32428
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY	A		STATE A	ZIP CODE A
C C00507624		3. IS THIS	S 🔽 NEW		AMEND	STATE ▼ DISTRICT
0 000001021		REPOF		OR	(A)	FL 02
4 TYPE OF BEDOR	T (Oharasa Oha)					
4. TYPE OF REPOR(a) Quarterly Reports	, , , , , , , , , , , , , , , , , , ,	(b) 12-Day	PRE-Election Repo	ort for the:		
			Primary (12P)		General (1	2G) Runoff (12R)
April 15 Qua	rterly Report (Q1)		Convention (12C)	Special (1)	2S)
July 15 Quar	terly Report (Q2)		`			,
X October 15 0	Quarterly Report (Q3)	Electio	n on	D D /	Y - Y - Y - Y	in the State of
January 31 Y	ear-End Report (YE)	(c) 30-Day	POST-Election Rep	oort for the:		
			General (30G		Runoff (30	OR) Special (30S)
Townsingtion [Donart (TED)		Gioriorai (GGG	,	· .	opeola: (ecc)
Termination F	neport (TEN)	Electio	n on	D D /	Y Y Y Y	in the State of
		. I a la la la la	-	To Local		
5. Covering Period	07 01	2013	through	09	30	2013
I certify that I have examin	ned this Report and t	o the hest of n	ny knowledge and	helief it is tri	le correct and	d complete
Type or Print Name of Tre	•	EAVE DRUMMO		Jeller It IS tro	e, correct and	т сотрые.
					M M 10	/ D D / Y Y Y Y Y O2 _ 2013 _
Signature of Treasurer	WILLIAM CLEAVE DI	RUMMOND II	[Electronically 1	Filed] D	ate	32 2010
NOTE: Submission of false,	erroneous, or incomp	lete information	may subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Office Use						FEC FORM 3
Only						(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:	07 01 / Y Y Y Y Y Y Y TO:	M 09 / 30 / Y 2013 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))	0.00	624.63
	(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))	0.00	624.63
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	627.08
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	17.95
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	609.13
8.		h on Hand at Close of orting Period (from Line 27)	24.89	
9.	the	ts and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ts and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	361.85	

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

07 09 2013 01 2013 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 300.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 300.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 324.63 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 0.00 624.63 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 17.95 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 642.58 (Carry Total to Line 24, page 4).....

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.	OPI	ERATING EXPENDITURES	0.00	627.08
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	15.00	15.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	15.00	15.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	(b)	Political Party Committees	0.00	0.00
	(c)	Other Political Committees	0.00	0.00
		(such as PACs)		
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТН	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	15.00	642.08
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	39.89
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			0.00	
25.	SUE	BTOTAL (add Line 23 and Line 24)		39.89
26.	TOT	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	15.00
27 CASH ON HAND AT CLOSE OF REPORTING PERIOD			24.89	

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 5 OF 10 (check only one) 17	
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ised by any ical committe	person for the purpose of soliciting contributions			
\rangle	NAME OF COMMITTEE (In Full) DRUMMOND FOR CONGRESS					
۸.	Full Name (Last, First, Middle Initial) WILLIAM CLEAVE DRUMMOND II				Date of Disbursement	
	Mailing Address 1031-B NURSERY RD				09 13 2013	
	,	State L	Zip Code 32425		Amount of Each Disbursement this Period	
	Purpose of Disbursement A Loan Payment			009	15.00 Transaction ID : SB19A.4272	
	Candidate Name DRUMMOND FOR CONGRESS			Category/ Type		
	President	nent For: Primary Other (s	General			
	State: FL District: 02 Full Name (Last, First, Middle Initial)					
3.					Date of Disbursement	
Mailing Address					M M / D D / Y Y Y	
	City	State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement					
	Candidate Name			Category/ Type	1	
		nent For: Primary Other (s	General			
	State: District: Full Name (Last, First, Middle Initial)					
Э.	Tuli Name (Last, Flist, Middle Illida)				Date of Disbursement	
	Mailing Address				M M / D D / Y Y Y	
	City State	Zip	o Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement					
	Candidate Name			Category/ Type		
	President	nent For: Primary Other (s	General			
	State: District:					
					15.00	

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15.00

Use separate schedule(s) for each category of the

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	13b

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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: ^M 03^M ^D14 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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OF

(check only one) 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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OF

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 Detailed Summary Page

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OF

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 15.00 40.85 **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)..... 40.85 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) 361.85 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.