DRUMMOND FOR CONGRESS

1031-B NURSERY RD

CHIPLEY

FL

32428

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲

C C00507624

STATE ▲ ZIP CODE ▲ DISTRICT

3. IS THIS NEW AMENDED REPORT (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on M D Y

in the State of

(c) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on M D Y

in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer WILLIAM CLEAVE DRUMMOND II

Signature of Treasurer WILLIAM CLEAVE DRUMMOND II [Electronically Filed] Date M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
## SUMMARY PAGE
### of Receipts and Disbursements

#### Write or Type Committee Name

**DRUMMOND FOR CONGRESS**

#### Report Covering the Period:

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M M 01 / D D 01 / Y Y Y Y \ 2014</td>
<td>M M 03 / D D 31 / Y Y Y Y \ 2014</td>
</tr>
</tbody>
</table>

#### COLUMN A
**This Period**

<table>
<thead>
<tr>
<th>(a) Total Contributions (other than loans) (from Line 11(e))</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Total Contribution Refunds (from Line 20(d))</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### COLUMN B
**Election Cycle-to-Date**

<table>
<thead>
<tr>
<th></th>
<th>231.69</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Total Contributions (other than loans) (from Line 11(e))</td>
<td>231.69</td>
</tr>
<tr>
<td>(b) Total Contribution Refunds (from Line 20(d))</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))</td>
<td>231.69</td>
</tr>
</tbody>
</table>

#### 7. Net Operating Expenditures

<table>
<thead>
<tr>
<th>(a) Total Operating Expenditures (from Line 17)</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Total Offsets to Operating Expenditures (from Line 14)</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>619.15</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Total Operating Expenditures (from Line 17)</td>
<td>619.15</td>
</tr>
<tr>
<td>(b) Total Offsets to Operating Expenditures (from Line 14)</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))</td>
<td>619.15</td>
</tr>
</tbody>
</table>

#### 8. Cash on Hand at Close of Reporting Period (from Line 27)

<table>
<thead>
<tr>
<th></th>
<th>24.89</th>
</tr>
</thead>
</table>

#### 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

<table>
<thead>
<tr>
<th></th>
<th>0.00</th>
</tr>
</thead>
</table>

#### 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

<table>
<thead>
<tr>
<th></th>
<th>361.85</th>
</tr>
</thead>
</table>

---

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

## FEC Form 3 (Revised 12/2003)

### I. RECEIPTS

<table>
<thead>
<tr>
<th>Description</th>
<th>COLUMN A Total This Period</th>
<th>COLUMN B Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Itemized (use Schedule A)</td>
<td>0.00</td>
<td>76.06</td>
</tr>
<tr>
<td>(ii) Unitemized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) TOTAL of contributions from individuals</td>
<td>0.00</td>
<td>96.71</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) The Candidate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) TOTAL CONTRIBUTIONS (other than loans)</td>
<td>0.00</td>
<td>134.98</td>
</tr>
<tr>
<td>(add Lines 11(a)(iii), (b), (c), and (d))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                           | 0.00                       | 0.00                            |

| 13. LOANS:                                                                |                            |                                 |
| (a) Made or Guaranteed by the Candidate                                   | 0.00                       | 376.85                          |
| (b) All Other Loans                                                      | 0.00                       | 0.00                            |
| (c) TOTAL LOANS                                                          | 0.00                       | 376.85                          |
| (add Lines 13(a) and (b))                                                |                            |                                 |

| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)          | 0.00                       | 0.00                            |

| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                           | 0.00                       | 0.00                            |

| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)             | 0.00                       | 608.54                          |
| (Carry Total to Line 24, page 4)                                        |                            |                                 |

### Report Covering the Period:

- **From:** 01/01/2014
- **To:** 03/31/2014

### Committee Name:

DRUMMOND FOR CONGRESS
## II. DISBURSEMENTS

<table>
<thead>
<tr>
<th></th>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total This Period</td>
<td>Election Cycle-to-Date</td>
</tr>
<tr>
<td>17. OPERATING EXPENDITURES</td>
<td>0.00</td>
<td>619.15</td>
</tr>
<tr>
<td>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>19. LOAN REPAYMENTS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Of Loans Made or Guaranteed by the Candidate</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Of All Other Loans</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>20. REFUNDS OF CONTRIBUTIONS TO:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>21. OTHER DISBURSEMENTS</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)</td>
<td>0.00</td>
<td>619.15</td>
</tr>
</tbody>
</table>

## III. CASH SUMMARY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</td>
<td>24.89</td>
</tr>
<tr>
<td>24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)</td>
<td>0.00</td>
</tr>
<tr>
<td>25. SUBTOTAL (add Line 23 and Line 24)</td>
<td>24.89</td>
</tr>
<tr>
<td>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</td>
<td>0.00</td>
</tr>
<tr>
<td>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</td>
<td>24.89</td>
</tr>
</tbody>
</table>
### SCHEDULE C  (FEC Form 3)
**LOANS**

**NAME OF COMMITTEE (In Full)**

**DRUMMOND FOR CONGRESS**

#### LOAN SOURCE

Full Name (Last, First, Middle Initial)

**RHONDA LEE DRUMMOND**

Mailing Address

1031-B NURSERY RD

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIPLEY</td>
<td>FL</td>
<td>32428</td>
</tr>
</tbody>
</table>

#### Original Amount of Loan

<table>
<thead>
<tr>
<th></th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.00</td>
<td>0.00</td>
<td>50.00</td>
</tr>
</tbody>
</table>

#### TERMS

Date Incurred: 03/14/2012

Date Due: 12/30/2012

Interest Rate: 0.00% (apr)

Secured: Yes

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHONDA LEE DRUMMOND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FL</td>
<td>32428</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Full Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Full Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Full Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.
### SCHEDULE C (FEC Form 3)

**Loans**

**Name of Committee (In Full)**

**Drummond for Congress**

**Loan Source** Full Name (Last, First, Middle Initial)

**William Cleave Drummond II**

**Mailing Address**

1031-B Nursery Rd

**City**

**State**

**ZIP Code**

CHIPLEY

FL

32425

**Original Amount of Loan**

100.00

**Cumulative Payment To Date**

0.00

**Balance Outstanding at Close of This Period**

100.00

**Terms**

**Date Incurred**

02/03/2012

**Date Due**

12/30/2012

**Interest Rate**

0.00% (apr)

**Secured:**

No

List all endorsers or guarantors (if any) to Loan Source

1. **Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

ZIP Code

Occupation

Amount Guaranteed Outstanding:

2. **Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

ZIP Code

Occupation

Amount Guaranteed Outstanding:

3. **Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

ZIP Code

Occupation

Amount Guaranteed Outstanding:

4. **Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

ZIP Code

Occupation

Amount Guaranteed 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.
### SCHEDULE C (FEC Form 3)

**LOANS**

**NAME OF COMMITTEE (in Full)**

**DRUMMOND FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**WILLIAM CLEAVE DRUMMOND II**

**Election:** 2012  
- [X] Primary  
- [ ] General  
- [ ] Other (specify)

**Transaction ID:** SC/10.4130

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ME / DD / YYYY</td>
<td>ME / DD / YYYY</td>
<td>% (apr)</td>
</tr>
<tr>
<td>03 / 07 / 2012</td>
<td>12/30/2012</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Terms:**

- Yes  
- No

List all Endorsers or Guarantors (if any) to Loan Source:

1. **Full Name (Last, First, Middle Initial)**  
   **Mailing Address**  
   **City**  
   **State**  
   **ZIP Code**  
   **Name of Employer**  
   **Occupation**  
   **Amount Guaranteed Outstanding:**

2. **Full Name (Last, First, Middle Initial)**  
   **Mailing Address**  
   **City**  
   **State**  
   **ZIP Code**  
   **Name of Employer**  
   **Occupation**  
   **Amount Guaranteed Outstanding:**

3. **Full Name (Last, First, Middle Initial)**  
   **Mailing Address**  
   **City**  
   **State**  
   **ZIP Code**  
   **Name of Employer**  
   **Occupation**  
   **Amount Guaranteed Outstanding:**

4. **Full Name (Last, First, Middle Initial)**  
   **Mailing Address**  
   **City**  
   **State**  
   **ZIP Code**  
   **Name of Employer**  
   **Occupation**  
   **Amount Guaranteed Outstanding:**

**SUBTOTALS** This Period This Page (optional) ..........................................................  
**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.
## SCHEDULE C  (FEC Form 3)

### LOANS

**Name of Committee (In Full)**

**Drummond for Congress**

**Loan Source**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[Personal Funds]</th>
<th>Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Cleave Drummond II</td>
<td></td>
<td>2012</td>
</tr>
</tbody>
</table>

| Transaction ID : SC/10.4173 |

**Mailing Address**

1031-B Nursery Rd

**City**

Chipley

**State**

FL

**ZIP Code**

32425

**Original Amount of Loan**

55.85

**Cumulative Payment To Date**

15.00

**Balance Outstanding at Close of This Period**

40.85

**Date Incurred**

03 / 18 / 2012

**Date Due**

12 / 30 / 2012

**Interest Rate**

0.00 (apr)

**Secured**

☐ Yes ☑ No

**Terms**

- **Amount Guaranteed Outstanding:**

**List All Endorsers or Guarantors (if any) to Loan Source**

1. **Full Name (Last, First, Middle Initial)**

   **Name of Employer**

   **Mailing Address**

   **City**

   **State**

   **ZIP Code**

2. **Full Name (Last, First, Middle Initial)**

   **Name of Employer**

   **Mailing Address**

   **City**

   **State**

   **ZIP Code**

3. **Full Name (Last, First, Middle Initial)**

   **Name of Employer**

   **Mailing Address**

   **City**

   **State**

   **ZIP Code**

4. **Full Name (Last, First, Middle Initial)**

   **Name of Employer**

   **Mailing Address**

   **City**

   **State**

   **ZIP Code**

**SubTotals**

This Period This Page (optional) .................................................................

**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.**
### SCHEDULE C  (FEC Form 3)  
### LOANS

#### NAME OF COMMITTEE (In Full)
DRUMMOND FOR CONGRESS

#### LOAN SOURCE  
**WILLIAM CLEAVE DRUMMOND II**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM CLEAVE DRUMMOND II</td>
<td></td>
<td>2012</td>
</tr>
</tbody>
</table>

#### Mailing Address
1031-B NURSERY RD

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIPLEY</td>
<td>FL</td>
<td>32425</td>
</tr>
</tbody>
</table>

#### Original Amount of Loan: 121.00
#### Cumulative Payment To Date: 0.00
#### Balance Outstanding at Close of This Period: 121.00

#### TERMS

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/30/2012</td>
<td>12/30/2012</td>
<td>0.00% (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

List All Endorsers or Guarantors (if any) to Loan Source:

1. Full Name (Last, First, Middle Initial)  
   Name of Employer

   - Mailing Address
   - City     | State | ZIP Code |
   - CHIPLEY  | FL    | 32425    |
   - Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)  
   Name of Employer

   - Mailing Address
   - City     | State | ZIP Code |
   - CHIPLEY  | FL    | 32425    |
   - Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)  
   Name of Employer

   - Mailing Address
   - City     | State | ZIP Code |
   - CHIPLEY  | FL    | 32425    |
   - Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)  
   Name of Employer

   - Mailing Address
   - City     | State | ZIP Code |
   - CHIPLEY  | FL    | 32425    |
   - Amount Guaranteed 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.