REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

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

DRUMMOND FOR CONGRESS

ADDRESS (number and street)

1031-B NURSERY RD

Check if different than previously reported. (ACC)

CHIPLEY FL 32428

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00507624

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

N

FL 02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☒ January 31 Year-End Report (YE)

☐ Termination Report (TER)

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

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on M M / D D / Y Y Y Y

in the State of

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

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on M M / D D / Y Y Y 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.
## 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. Cash on Hand at Close of Reporting Period (from Line 27) .......... 24.89

## 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) .......... 361.85

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**For further information contact:**

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

Toll Free 800-424-9530  
Local 202-694-1100
I. RECEIPTS

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

<table>
<thead>
<tr>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13. LOANS:</strong></td>
</tr>
<tr>
<td>(a) Made or Guaranteed by the Candidate</td>
</tr>
<tr>
<td>(b) All Other Loans</td>
</tr>
<tr>
<td>(c) TOTAL LOANS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15. OTHER RECEIPTS (Dividends, Interest, etc.)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)</strong></td>
</tr>
</tbody>
</table>
### 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.</td>
<td>OPERATING EXPENDITURES</td>
<td>0.00</td>
</tr>
<tr>
<td>18.</td>
<td>TRANSFERS TO OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
</tr>
<tr>
<td>19.</td>
<td>LOAN REPAYMENTS:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) Of Loans Made or Guaranteed by the Candidate</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>(b) Of All Other Loans</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</td>
<td>0.00</td>
</tr>
<tr>
<td>20.</td>
<td>REFUNDS OF CONTRIBUTIONS TO:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>(b) Political Party Committees</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>(c) Other Political Committees (such as PACs)</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))</td>
<td>0.00</td>
</tr>
<tr>
<td>21.</td>
<td>OTHER DISBURSEMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>22.</td>
<td>TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### III. CASH SUMMARY

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

**Loans**

**Name of Committee (In Full)**
DRUMMOND FOR CONGRESS

**Loan Source**
RHONDA LEE DRUMMOND

**Mailing Address**
1031-B NURSERY RD

**City**
CHIPLEY

**State**
FL

**ZIP Code**
32428

**Original Amount of Loan**
50.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
50.00

**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 / 14 / 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
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

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

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

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

**Subtotals**
This Period This Page (optional): 50.00

**Totals**
This Period (Last page in this line only): 50.00

---

**Note:** 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**

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>Primary</th>
<th>General</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAM CLEAVE DRUMMOND II</td>
<td></td>
<td>2012</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mailing Address**

1031-B NURSERY RD

**City**

CHIPLEY

**State**

FL

**ZIP Code**

32425

**Original Amount of Loan**

| Amount | 100.00 |

**Cumulative Payment To Date**

| Amount | 0.00 |

**Balance Outstanding at Close of This Period**

| Amount | 100.00 |

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>M M / D D / Y Y Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 03 / 2012</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Due</th>
<th>M M / D D / Y Y Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/30/2012</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interest Rate</th>
<th>% (apr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Secured:**

Yes ☑ No

---

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

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

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

**Occupation**

<table>
<thead>
<tr>
<th>Occupation</th>
</tr>
</thead>
</table>

**Guaranteed Outstanding:**

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

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

**Occupation**

<table>
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<tr>
<th>Occupation</th>
</tr>
</thead>
</table>

**Guaranteed Outstanding:**

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

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

**Occupation**

<table>
<thead>
<tr>
<th>Occupation</th>
</tr>
</thead>
</table>

**Guaranteed Outstanding:**

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

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
</table>

**Occupation**

<table>
<thead>
<tr>
<th>Occupation</th>
</tr>
</thead>
</table>

**Guaranteed Outstanding:**

---

**SUBTOTALS**

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

| Amount | 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:** WILLIAM CLEAVE DRUMMOND II

**Full Name (Last, First, Middle Initial):** [PERSONAL FUNDS]

**Mailing Address:** 1031-B NURSERY RD

**City:** CHIPLEY, **State:** FL, **ZIP Code:** 32425

**Original Amount of Loan:** 50.00

**Cumulative Payment To Date:** 0.00

**Balance Outstanding at Close of This Period:** 50.00

**Terms:**

- **Date Incurred:** 03/07/2012
- **Date Due:** 12/30/2012
- **Interest Rate:** 0.00 % (apr)
- **Secured:** No

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

1. **Name of Employer:**
   - **Mailing Address:**
     - **City:**
     - **State:** FL
     - **ZIP Code:** 32425
   - **Amount Guaranteed Outstanding:**

2. **Name of Employer:**
   - **Mailing Address:**
     - **City:**
     - **State:** FL
     - **ZIP Code:** 32425
   - **Amount Guaranteed Outstanding:**

3. **Name of Employer:**
   - **Mailing Address:**
     - **City:**
     - **State:** FL
     - **ZIP Code:** 32425
   - **Amount Guaranteed Outstanding:**

4. **Name of Employer:**
   - **Mailing Address:**
     - **City:**
     - **State:** FL
     - **ZIP Code:** 32425
   - **Amount Guaranteed Outstanding:**

### Subtotals

- **This Period:**
- **This Page (optional):** 50.00

### Totals

- **This Period (last page in this line only):** 50.00

---

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**

**DRUMMOND FOR CONGRESS**

**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**

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

**TERMS**

**Date Incurred**

03/ 18/ 2012

**Date Due**

12/30/2012

**Interest Rate**

0.00%

**Secured:**

Yes

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) ................................................................. 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.
**NAME OF COMMITTEE (In Full)**

**DRUMMOND FOR CONGRESS**

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

**Mailing Address**

1031-B NURSERY RD

City: CHIPLEY

State: FL

ZIP Code: 32425

**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>
</tr>
</thead>
<tbody>
<tr>
<td>03/30/2012</td>
<td>12/30/2012</td>
<td>0.00% (apr)</td>
</tr>
</tbody>
</table>

**Secured:** No

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

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

   Name of Employer

   Mailing Address

   City: CHIPLEY

   State: FL

   ZIP Code: 32425

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

   Name of Employer

   Mailing Address

   City: CHIPLEY

   State: FL

   ZIP Code: 32425

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

   Name of Employer

   Mailing Address

   City: CHIPLEY

   State: FL

   ZIP Code: 32425

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

   Name of Employer

   Mailing Address

   City: CHIPLEY

   State: FL

   ZIP Code: 32425

**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.