

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marsha Farmer Sherrouse  
 Name  
 (2) 2150 Hwy 173  
 Address (number and street)  
Bonifay, FL 32425  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1210910]

Submitted on:  
 6/16/2020 16:19:22 (eastern)

Check here if address has changed

(3) ID Number: 112

(4) Check appropriate box(es):

- Candidate Office Sought: Clerk of Circuit Court and Comptroller
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 180 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 6 , 250 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 5 , 931 . 42

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marsha Farmer Sherrouse (2) I.D. Number 112

6/1/2020 6/12/2020

(3) Cover Period         /        /         through         /        /         (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
6/1/2020 / /	Sherrouse, Marsha 2150 Hwy 173 Bonifay, FL 32425	S	legal assistant	IK	project graduation  gift cards		\$50.00
1							
6/2/2020 / /	Sherrouse, Marsha 2150 Hwy 173 Bonifay, FL 32425	S	legal assistant	IK	advertisin g		\$130.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marsha Farmer Sherrouse

(2) I.D. Number 112

(3) Cover Period 6/1/2020 through 6/12/2020

(4) Page 1 of 0

(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
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					