

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Monique Richardson
 Name
 (2) PO Box 12195
 Address (number and street)
Tallahassee, FL 32317
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1143941]
 Submitted on:
 8/10/2017 17:15:32 (eastern)

Check here if address has changed (3) ID Number: 502

(4) Check appropriate box(es):
 Candidate Office Sought: Leon County Judge - Seat 4
 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 7 / 1 / 2017 To 7 / 31 / 2017 Report Type: M7
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 110 . 00
 Loans \$, , 100 . 00
 Total Monetary \$, , 210 . 00
 In-Kind \$, , 0 . 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
 \$, , 210 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 229 . 00

(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 Monique Richardson (2) I.D. Number 502

7/1/2017 through 7/31/2017

(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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/20/2017 / /	Richardson, Monique P.O. Box 12195 Tallahassee, FL 32317	S	attorney	LO			\$100.00
1							
7/27/2017 / /	Mosley, Patricia 3505 E. 24th Ave. Tampa, FL 33605	I	pastor	CH			\$100.00
2							
7/20/2017 / /	Capital City Bank, P.O. Box 900 Tallahassee, FL 32302	B	fee refund	CA			\$10.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Monique Richardson

(2) I.D. Number 502

(3) Cover Period 7/1/2017 through 7/31/2017

(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					
/ /					
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