	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Monique Richardson	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1152647]						
(2)	P O Box 12195	Submitted on:						
	Address (number and street)	4/9/2018 20:17:23 (eastern)						
	Tallanassee, FL 3231/							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 524						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Leon County J	udge - Seat 3						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cove	, , ,							
	er Period: From $\frac{3}{2}$ / $\frac{1}{2018}$ To							
Цυ	Original ☐ Amendment ☐ Spe	ecial Election Report T						
(6)	Contributions This Report	(7) Expenditures This Report						
	-	Monetary						
Casl	h & Checks \$, , 000	Expenditures \$, , 0 . 00						
¥	\$	<u> </u>						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tato	\$ 0.00	Office Account \$, , , 0 . 00						
TOla	al Monetary \$, , 0 . 00	Total Monetary \$, 0 . 00						
L- 1/2	• 0 00	Total Monetary \$, , , 0 . 00						
In-Ki	ind \$,, <u>0</u> .00	(O) Other Distributions						
		(8) Other Distributions \$, , 0.00						
		\$,, <u>0</u> 0						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, , <u>345</u> . <u>98</u>						
	(11) Cert							
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:								
_(T	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Monique Richardson	(2) I.D. Number						
	3/1/2018			/31/2018				
(3) Cover Perio	od / /	thro	ugh	<i>I I</i>	(4) Pag	ge <u>1</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
3/9/2018	Tobias Law Group, 111 West Ocean Boulevard Long Beach, CA 90802	I	Goodpalon	СН		Delete	\$100.0	
3/9/2018	Tobias Law Group, 111 West Ocean Boulevard Long Beach, CA 90802	В	law firm	СН		Add	\$100.0	
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j j								
J I								
f I								
f I								
J J								

Name Monitq	ue Richardson		/21 /2010	(2) I.D. Numbei	1	524
Cover Period _	3/1/2018		/31/2018 ///	(4) Page <u>1</u>	of	0
(5) Date (6)	(7) Full N (Last, Suffix, F Street Ad	ame irst, Middle)	(8) Purpose (add office sought if contribution to a	(9)	(10)	(11)
Sequence Number	City, State,		candidate)	Туре	Amendment	Amoun
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES						