CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Monique Richardson	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1105549]							
(2) PO Box 12195	Submitted on:							
Address (number and street) Tallahassee, FL 32317	5/18/2016 12:46:35 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 394							
(4) Check appropriate box(es):								
Candidate Office Sought: Leon County of	Judge - Seat 2							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ 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 Identifiers								
Cover Period: From <u>4</u> / <u>1</u> / <u>2016</u> To	4/ 30/ 2016 Report Type:M4							
□ Original	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 000	Expenditures \$,, 0 . 00							
¢ 0.00								
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Total Monetary \$, , 0.00	Office Account \$,,,, 0 . 00							
	Total Monetary \$, , 0 . 00							
In-Kind \$,,0.00	, <u> </u> , <u> </u> , <u> </u> , <u> </u>							
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,96_,85825	\$, <u>19</u> , <u>843</u> . <u>78</u>							
(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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
X	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Monique Richardson</u>			(2) I.D. Number						
4/1/2016			4/30/2016						
(3) Cover Peri	od / /	thre	ough	11	(4) Pa	ge	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code			Contribution	In-kind	Amendment	Amount		
4/28/2016 / /	Law Offices of Gary Robert, 130 Salem Court Tallahassee, Fl 32301	Type I	Occupation law firm	СН	Description	Delete	\$250.0		
4/28/2016 / /	Law Offices of Gary Robert, 130 Salem Court Tallahassee, Fl 32301	7 B	law firm	СН		Add	\$250.0		
1 1									
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1 1									
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Monique Richardson (2) I.D. Number 394						
(3) Cover Period	4/1/2016 / /through	4/30/2016	(4) Page <u>1</u>		0	
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
_/ /						
_/ /						
11						
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/						
//						
_/ /						

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