

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
 [1113368]
 Submitted on:
 7/15/2016 20:41:20 (eastern)

Check here if address has changed

(3) ID Number: 394

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County Judge - Seat 2
- 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 / 2016 To 6 / 24 / 2016 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 \$, , 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

\$, 108 , 533 . 25

(10) TOTAL Monetary Expenditures To Date

\$, 46 , 900 . 72

(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 394

6/1/2016 through 6/24/2016

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 0

| (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 |
|-------------|--|--|--|-----------------------------|--------------------------------|-------------------|----------------|
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Monique Richardson

(2) I.D. Number 394

(3) Cover Period 6/1/2016 through 6/24/2016

(4) Page 1 of 1

| (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 |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 6/4/2016 / / | Williams Jones, Antavia , Tallahassee, FL 32303 | fundraiser ent. | MO | Delete | \$150.00 |
| 1 | | | | | |
| 6/4/2016 / / | Williams Jones, Antavia 8398 Veterans Memorial Dr. Tallahassee, FL 32309 | fundraiser ent. | MO | Add | \$150.00 |
| 2 | | | | | |
| 6/4/2016 / / | Dudley, Willard . . | food for fundraiser | MO | Delete | \$900.00 |
| 3 | | | | | |
| 6/4/2016 / / | Dudley, Willard 8398 Veterans Memorial Dr. Tallahassee, FL 32309 | food for fundraiser | MO | Add | \$900.00 |
| 4 | | | | | |
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