

## 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**  
 [1119656]  
 Submitted on:  
 8/12/2016 13:45:04 (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 7 / 30 / 2016 To 8 / 5 / 2016 Report Type: P5  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 300 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 300 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 353 . 65  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 353 . 65

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 112 , 928 . 25

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 99 , 759 . 88

### (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  
 (3) Cover Period 7/30/2016 through 8/5/2016 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
7/31/2016 / /	Richardson , Herbert C. 927 Kendall Dr. Tallahassee , FL 32301	I		CH			\$100.00
1							
8/2/2016 / /	Powell, Errol H. 2013 Ambrose Cr. Tallahassee , FL 32308	I		CH			\$100.00
2							
8/3/2016 / /	Henderson, Robert K. 497 Stone House Rd. Tallahassee, FL 32301	I		CH			\$100.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Monique Richardson

(2) I.D. Number 394

(3) Cover Period 7/30/2016 through 8/5/2016

(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) Sequence Number					
8/2/2016 / /	Express Printing, P.O. Box 16063 Tallahassee , FL 32317	advertising	MO		\$350.45
1					
8/3/2016 / /	PayPal , 2221 North First St. San Jose, CA 95131	fees	MO		\$3.20
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					