

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gwendolyn Marshall  
Name  
(2) PO Box 180374  
Address (number and street)  
Tallahassee, FL 32318  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1127540]  
Submitted on:  
9/22/2016 15:50:28 (eastern)

Check here if address has changed (3) ID Number: 438

(4) Check appropriate box(es):  
 Candidate Office Sought: Leon County Clerk of the Circuit Court and Comptro  
 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 9 / 3 / 2016 To 9 / 16 / 2016 Report Type: G2  
 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 \$      , 1 , 094 . 69  
Transfers to Office Account \$      ,      , 0 . 00  
Total Monetary \$      , 1 , 094 . 69

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

(9) TOTAL Monetary Contributions To Date  
\$      , 6 , 949 . 00

(10) TOTAL Monetary Expenditures To Date  
\$      , 6 , 485 . 58

## (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 Gwendolyn Marshall (2) I.D. Number 438

(3) Cover Period 9/3/2016 through 9/16/2016 (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 Gwendolyn Marshall

(2) I.D. Number 438

(3) Cover Period 9/3/2016 through 9/16/2016

(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					
9/14/2016 //	Festival, Hola Tallahassee 1403 Dawson Street Tallahassee, FL 32305	sponsorship/adv ertising for campaign	MO		\$1,000.00
1					
9/12/2016 //	Contact, Constant 1601 Trapelo Road Suite 329 Waltham, MA 02451	online email software	MO		\$20.00
2					
9/12/2016 //	Bank, SunTrust P.O. Box 305183 Nashville, TN 37230-5183	campaign checks	MO		\$74.69
3					
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