

## 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**  
 [1108389]

Submitted on:  
 6/20/2016 16:20:46 (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)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 5 / 1 / 2016 To 5 / 31 / 2016 Report Type: M5

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**  
 \$        , 2 , 670 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 1 , 341 . 00

### (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

5/1/2016 through 5/31/2016

(3) Cover Period      /      /      through      /      /      (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
5/2/2016 / /	Carswell, Scott 1105 East Lafayette Street Tallahassee, FL 32301	B	owner	IK	meeting space	Delete	\$250.00
1							
5/2/2016 / /	Carswell, Scott 1105 East Lafayette Street Tallahassee, FL 32301	B	hospitalit y owner	IK	meeting space	Add	\$250.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gwendolyn Marshall

(2) I.D. Number 438

(3) Cover Period 5/1/2016 through 5/31/2016

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					