	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Gwendolyn Marshall	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION [1192763]					
(2)	3602 Swatts Road	Submitted on:					
	Address (number and street)	10/7/2019 14:36:35 (eastern)					
	Tallahassee, FL 32303  City, State, Zip Code						
	_						
	Check here if address has changed	(3) ID Number:569					
(4)	Check appropriate box(es):						
	<ul><li></li></ul>	lerk of the Circuit Court and Comptro					
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
	<ul><li>☐ Party Executive Committee (PTY)</li><li>☐ Independent Expenditure (IE) (also covers an</li></ul>	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>					
	individual making electioneering communications)	_ Check here if no other in or no reports will be med					
	(5) Report	dentifiers					
Cove		9 / 30 / 2019 Report Type: 19M9					
		ecial Election Report					
		<u> </u>					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	h & Checks \$ , , <u>550</u> . <u>00</u>	Monetary					
Loar	s , , , ,	Transfers to Office Account \$ , , 0 . 00					
Tota	I Monetary \$ , , <u>550</u> . <u>00</u>						
In-Ki	ind \$,,,000	Total Monetary \$ , , , 0 . 00					
		(8) Other Distributions \$ , , 0 00_					
		ф , <u></u> , <u></u> . <u></u> .					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>, 750</u> 00	\$ , , <u>0</u> . <u>00</u>					
		tification					
		on to falsify a public record (ss. 839.13, F.S.)					
ΙC	I certify that I have examined this report and it is true, correct, and complete:						
_(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		_X					
Si	gnature	Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name						569				
	9/1/2	1019		9/3	0/2019					
(3) Cover Period	d /	1	through	1	1	(4) Page	1	of	1	

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		(9) Contribution Type	(10) In-kind Description	(11)	(12)  Amount
9/9/2019	Ausman, Jon M 2202 Woodlawn Dr. Tallahassee, FL 32303	I	state of fl employee	СН			\$50.
9/20/2019	Long, Randy 8437 SW 80th Place Gainesville, FL 32608	I	consultant	. CH			\$250.
9/20/2019	Long, Sandra 8437 SW 80th Place Gainesville, FL 32608	I	homemake	СН			\$250.
1 1							
Ī I							
J I							
I I							
1 1							

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

(1) Name_	Gwendolyn Marshall	and the second control of the second control	(2) I.D. Number _	569
(3) Cover F	9/1/2019 Period //	9/30/2019 _through//	(4) Page1	of 0

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
//					
//					
//					
//					
//					
//					