	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Gwendolyn Marshall	OFFICE USE ONLY							
· ·	Name	ONLINE SUBMISSION							
(2)	PO Box 12272	Submitted on:							
	Address (number and street)	6/19/2020 11:07:45 (eastern)							
	Tallahassee, FL 32317  City, State, Zip Code								
	_	(0) 10 New hours							
	Check here if address has changed	(3) ID Number:569							
(4)	Check appropriate box(es):								
		lerk of the Circuit Court and Comptro							
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ 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							
	mulvidual making electioneering communications,								
	(5) Report	Identifiers							
Cove	er Period: From 6 / 1 / 2020 To	6 / 12 / 2020 Report Type: 20P1							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
1-1		Monetary							
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , 8,519.34							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to							
	-	Office Account \$ , , , 0 . 00							
Tota	al Monetary \$ , , 000								
	•	Total Monetary \$ , 8 , 519 . 34							
In-Ki	ind \$,,,000								
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>8</u> , <u>698</u> . <u>97</u>							
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
١٥	-	• • • • • • •							
10	I certify that I have examined this report and it is true, correct, and complete:								
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
	ignature	Signature							

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

(1) Name (2) I.D. Number									
	6/1/2020		6	/12/2020					
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	ge <u> </u>	of		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)		
Number 6/5/2020 /	City, State, Zip Code  Marshall, Gwen  Protected Tallahassee, FL	S	Occupation clerk of court	Type LO	Description	Amendment	Amount \$10,000.00		
6/5/2020	Marshall, Gwen PO Box 112272 Tallahassee, FL 32308		clerk of court	LO		Add	\$10,000.00		
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Gwendolyı	n Mar	shall				 (2) I.D. Nun	nber	Ę	569	and an analysis of the same an
	6/	1/20	20		6/12/2	020					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/8/2020	Elections, Leon County Supervisor of P.O. Box 7357 Tallahassee, FL 32314	qualifying fee	MO	Add	\$8,519.34
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DS-DE 14 (Rev.					