

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gwendolyn Marshall

Name

(2) PO Box 12272

Address (number and street)

Tallahassee, FL 32317

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 569

OFFICE USE ONLY

ONLINE SUBMISSION

[1229665]

Submitted on:

9/8/2020 11:32:34 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Leon County Clerk of the Circuit Court and Comptro

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 12 / 2020 To 9 / 10 / 2020 Report Type: 20T2

☐ 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

\$, 13 , 975 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 13 , 975 . 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 569
 (3) Cover Period 6/12/2020 through 9/10/2020 (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 569

(3) Cover Period 6/12/2020 through 9/10/2020

(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
8/24/2020 / /	Marshall, Gwendolyn P.O. Box 12272 Tallahassee, FL 32308	reimbursement for loan	RM	Delete	\$5,237.53
1					
8/24/2020 / /	Marshall, Gwendolyn P.O. Box 12272 Tallahassee, FL 32308	reimbursement for loan	MO	Add	\$5,237.53
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					