

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Geraldine H Seay  
 Name

(2) 2014 Chuli Nene  
 Address (number and street)  
Tallahassee, FL 32301  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1211457]

Submitted on:  
 6/18/2020 12:14:56 (eastern)

Check here if address has changed

(3) ID Number: 590

(4) Check appropriate box(es):

- Candidate Office Sought: Tallahassee City Commission - Seat 2
- 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 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: 20P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 720 . 40

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 720 . 40

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 398 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 398 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 1 , 540 . 40

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 398 . 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 Geraldine H Seay (2) I.D. Number 590  
 (3) Cover Period 6/1/2020 / 6/12/2020 through 6/12/2020 / 6/12/2020 (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation				
6/4/2020 / /	Goble, Will 133 Riverview Dr Guilford, CT 06437	I		CH			\$20.00
1							
6/5/2020 / /	Detweiler, Julie 1219 Leewood Holw Tallahassee, FL 32301	I		CH			\$25.00
2							
6/6/2020 / /	Hainsworth, Jason 855 Brannan St. Apt 272 San Francisco, CA 94103	I	musician	CH			\$250.00
3							
6/6/2020 / /	Baker, Tiffany 915 Dent Street Tallahassee, FL 32304	I		CH			\$50.00
4							
6/6/2020 / /	Russell, Maura 1711 Ivy Oak Square Reston, VA 20190	I		CH			\$25.00
5							
6/8/2020 / /	Brown, Tamela 8853 Heathermore Blvd Upper Mar, MD 20772	I		CH			\$100.00
6							
6/10/2020 / /	McMurtry, James 402 Coldstream Drive Tallahassee, Fl 32312	I		CH			\$20.20
7							
6/10/2020 / /	Miller, Alfreda 10801 Sunflower Terrace Bowie, MD 20721	I		CH			\$50.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Geraldine H Seay (2) I.D. Number 590  
 (3) Cover Period 6/1/2020 through 6/12/2020 (4) Page 2 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
6/7/2020 / /	McCabe, Sara 2808 Wood Hollow court Tallahassee, FL 32303	I		CH			\$20.00
9							
6/10/2020 / /	Lammers, Serenna 3164 E lakeshore Dr Tallahassee, FL 31312	I		CH			\$20.00
10							
6/10/2020 / /	Barber, Wendy 648 W Brevard ST CA Tallahassee, FL 32304	I		CH			\$20.00
11							
6/9/2020 / /	Brightbill, David Indian Head Tallahassee, FL 32301	I		CH			\$20.20
12							
6/9/2020 / /	Barber, K Lenorris Southside Tallahassee, FL 32301	I		CH			\$100.00
13							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Geraldine H Seay

(2) I.D. Number 590

(3) Cover Period 6/1/2020 through 6/12/2020

(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
(6) Sequence Number					
6/10/2020 //	Leon County, Captol Circle and Appalachi Tallahassee, FL 32301	qualifying fee	MO		\$398.00
1					
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