

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marvin D. Wilson, Sr  
 Name  
 (2) Address Protected  
 Address (number and street)  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1223752]  
 Submitted on:  
 8/7/2020 13:23:53 (eastern)

Check here if address has changed

(3) ID Number: 2400

(4) Check appropriate box(es):

- Candidate Office Sought: Community Council Area/Subarea 15/154
- 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 \$        ,        , 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

\$        , 1 , 625 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 793 . 90

### (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 Marvin D. Wilson, Sr (2) I.D. Number 2400

6/1/2020 6/12/2020

(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
6/9/2020 / /	Wilson, Sr., Marvin D 14321 SW 286 Street Leisure City, Fl 33033	S	self employed	LO		Delete	\$0.00
1							
6/12/2020 / /	Wilson, Marvin D ***Protected Voter***	S	self	LO		Delete	\$125.00
2							
6/12/2020 / /	Wilson, Marvin D ***Protected Voter***	S	self employed	LO		Add	\$125.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Marvin D. Wilson, Sr

(2) I.D. Number 2400

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

(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					
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