

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Everett E. Marshall III

Name

(2) 2821 NE 44 St.

Address (number and street)

Lighthouse Point, FL 33064

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR

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

OFFICE USE ONLY

Received gmdh
JAN 08 2020 8:50am
 Lighthouse Point
 City Clerk's Office

(5) Report Identifiers

Cover Period: From 12 / 01 / 19 To 12 / 31 / 09 Report Type: M 12

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 \$ _____, _____, 3.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 3.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 250.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 78.78

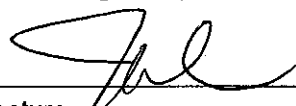
(11) Certification

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:

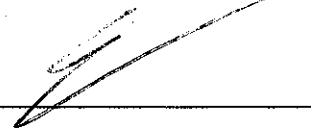
(Type name) Julie Marshall

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
Signature

(Type name) Everett Marshall III

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Everett Marshall III (2) I.D. Number Received
 (3) Cover Period 12 / 01 / 19 through 12 / 31 / 19 (4) Page JAN 08 2020
1 of 1
 Lighthouse Point
 City Clerk's Office

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

Received

(1) Name Everett Marshall III

(2) I.D. Number _____ JAN 08 2020

(3) Cover Period 12/01/19 through 12/31/19

(4) Page 1 of Lighthouse Point
City Clerk's Office

(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					
12/31/19	Suntrust Bank 3800 N. Federal Hwy Lighthouse Point FL 33064	bank charge	MON		3.00
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