

# 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

## OFFICE USE ONLY

Received

JAN 08 2020

*jmj*  
8:50am  
Lighthouse Point  
City Clerk's Office

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

## (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 \$ 0.00

Total Monetary \$ 3.00

### (8) Other Distributions

\$ 0.00

### (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:

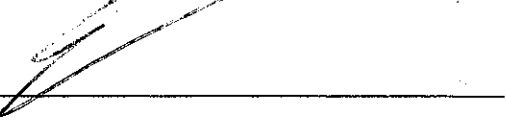
(Type name) Julie Marshall

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  
 \_\_\_\_\_ of \_\_\_\_\_  
 Lighthouse Point  
 City Clerk's Office

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
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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 1

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