

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Everett Marshall
 Name
 (2) 2821 NE 44 St.
 Address (number and street)
Lighthouse Point, FL 33064
 City, State, Zip Code

OFFICE USE ONLY

Received

KB
 MAY 10 2022
 11:21 AM

Lighthouse Point
 City Clerk's Office

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Seat 1

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

(3) ID Number: _____

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 03 / 04 / 2022 To 05 / 04 / 2022 Report Type: TR
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ <u> , , 0 · 00</u>
Loans	\$ <u> , , 0 · 00</u>
Total Monetary	\$ <u> , , 0 · 00</u>
In-Kind	\$ <u> , , · </u>

(7) Expenditures This Report

Monetary Expenditures	\$ <u> , , 10 · 00</u>
Transfers to Office Account	\$ <u> , , · </u>
Total Monetary	\$ <u> , , 10 · 00</u>

(8) Other Distributions

\$, , 56 · 30

(9) TOTAL Monetary Contributions To Date

\$, , 16 · 250 · 00

(10) TOTAL Monetary Expenditures To Date

\$, , 16 · 250 · 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) Julie Marshall

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

Julie
 Signature

(Type name) Everett Marshall

Candidate Chairperson (only for PC and PTY)

Everett
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Everett Marshall (2) I.D. Number _____

(3) Cover Period 03 / 04 / 2022 through 05 / 04 / 2022 (4) Page 1 of 1

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

(1) Name Everett Marshall (2) I.D. Number _____

(3) Cover Period 03/04/2022 through 05/04/2022 (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
4/29/22	WellsFargo Bank	Bank Service Fee	MON		10.00
1					
5/4/22	Marshall, Everett 2821 NE 44 St. LHP, FL 33064	Loan Repayment	DIS		56.30
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