

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Gwendolyn V. Boyd
Name

(2) P.O. Box 681246
Address (number and street)

North Miami, FL 33168
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Mayor of North Miami

Political Committee

Committee of Continuous Existence

Party Executive Committee

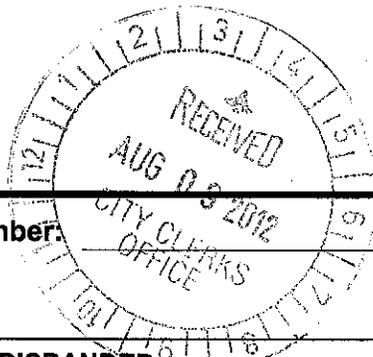
Electioneering Communication

(3) ID Number: _____

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED



(5) REPORT IDENTIFIERS

Cover Period: From 07 / 21 / 12 To 08 / 09 / 12 Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 5,040.00

Loans \$ _____

Total Monetary \$ 5,040.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 91.69

Transfers to Office Account \$ _____

Total Monetary \$ 91.69

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 7,540.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,155.19

(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) Edwin Cintron

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Edwin Cintron

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Gwendolyn V. Boyd

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Gwendolyn Boyd

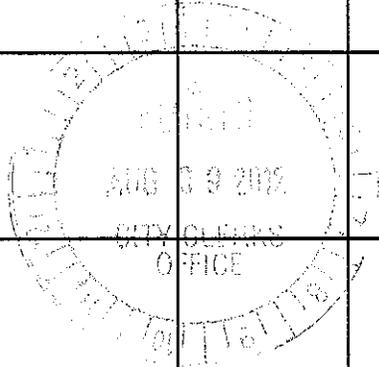
Signature

Scanned 8/9/12

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gwendolyn V. Boyd (2) I.D. Number _____
 (3) Cover Period 07 / 21 / 12 through 08 / 09 / 12 (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					
08 / 03 / 12	Office Max 12255 Biscayne Blvd. North Miami Beach, FL 33181	Mailing Supplies	MON		\$10.69
11					
08 / 03 / 12	United States Post Office 14311 Biscayne Blvd. North Miami, FL 33181	Mailing Supplies	MON		\$81.00
12					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gwendolyn V. Boyd (2) I.D. Number _____

(3) Cover Period 07 / 21 / 12 through 08 / 09 / 12 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation				
08 / 03 / 12	Boyd, Gwendolyn P.O. Box 681246 North Miami, FL 33168	I	Professo r	Check			5040
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