

**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 33181  
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

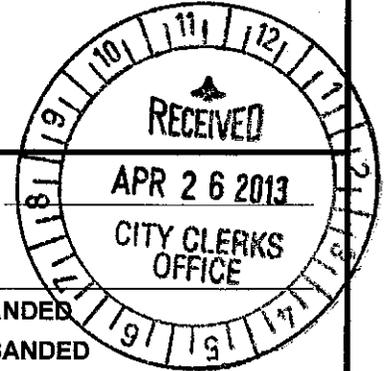
(3) ID Number: \_\_\_\_\_

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY



**(5) REPORT IDENTIFIERS**

Cover Period: From 04 / 01 / 13 To 04 / 05 / 13 Report Type Q1-12

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 0.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,396.50

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 1,396.50

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 51,830.32

**(10) TOTAL Monetary Expenditures To Date**

\$ 29,321.78

**(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)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

*Echir C...*

Signature

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

(Type name)

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

*Gwendolyn V. Boyd*

Signature