

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

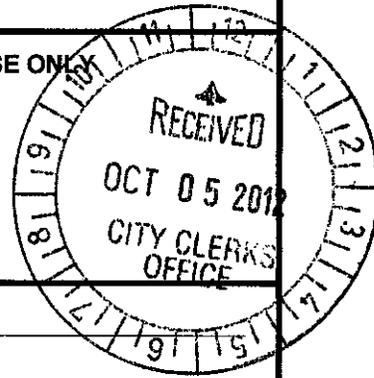
(1) Gwendolyn V. Boyd
Name

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

North Miami, FL 33168
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____



(4) Check appropriate box(es):

Candidate (office sought): Mayor of North Miami

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 09 / 15 / 12 To 09 / 28 / 12 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ _____

Total Monetary \$ 500.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 80.13

Transfers to Office Account \$ _____

Total Monetary \$ 80.13

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 9,740.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,973.52

(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)

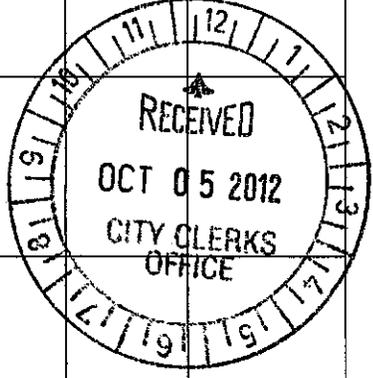
X *Gwendolyn V. Boyd*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 09 / 15 / 12 through 09 / 28 / 12 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
09 / 19 / 12	Raul Martinez 8845 SW 19th Ter. Miami, FL. 33174	I	Retired	Check			50.00
11							
09 / 26 / 12	Juanita Walker 3582 Dove Cote Meadow Lane Davie, FL. 33328	I	Business Owner	Check			250.00
12							
09 / 27 / 12	Robert Brantley 14448 NW 16 Drive Miami, FL. 33167	I	Retired	Cash			200.00
13							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Gwendolyn V. Boyd

(2) I.D. Number _____

(3) Cover Period 09 / 15 / 12 through 09 / 28 / 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					
09 / 18 / 12	Office Max 12255 Biscayne Blvd. North Miami, FL 33181	Office Supplies	MON		\$25.13
15					
09 / 24 / 12	Campaign Partner	Web Development	MON		\$29.00
16					
09 / 28 / 12	Go Daddy.com	Web Development	MON		\$11.00
17					
09 / 28 / 12	Go Daddy.com	Service Fee	MON		\$15.00
18					
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