

**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):

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(3) ID Number: _____



(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

\$ 2,248.62

(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

X *Elin...*

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)

X *Gwendolyn V. Boyd*

Signature

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CAMPAIGN TREASURER'S REPORT SUMMARY**

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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

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

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In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

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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 V. Boyd

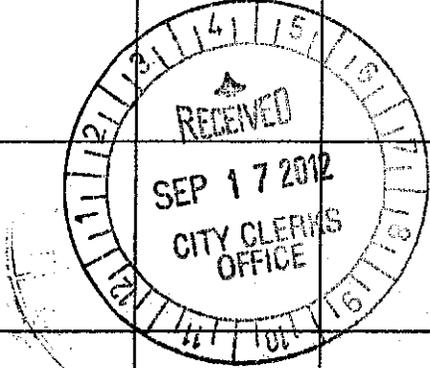
Signature

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	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
08 / 03 / 12	Boyd, Gwendolyn P.O. Box 681246 North Miami, FL 33168	I	Professo r	Check			5040
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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
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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