

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ken Marsh
 Name
 (2) 2011 Gail Ave
 Address (number and street)
Jacksonville Beach, FL 32250
 City, State, Zip Code



Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es): City Council Seat 3 At- Large

Candidate Office Sought: _____
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 2020 To 6 / 12 / 2020 Report Type: 2020P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	_____	_____	00
Loans	\$			2500	00
Total Monetary	\$				00
In-Kind	\$				00

(7) Expenditures This Report

Monetary Expenditures	\$	_____	_____	264	80
Transfers to Office Account	\$				00
Total Monetary	\$			264	80

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, _____ 6 600 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, _____ 1844 72

(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:

<p style="text-align: center;"><u>Darby Marsh</u> (Type name)</p> <p> <input type="checkbox"/> Individual (only for IE or electioneering comm.) <input type="checkbox"/> Treasurer <input checked="" type="checkbox"/> Deputy Treasurer </p> <p><u>X</u> _____ Signature</p>	<p style="text-align: center;"><u>Ken Marsh</u> (Type name)</p> <p> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY) </p> <p><u>X</u> _____ Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ken Marsh (2) I.D. Number _____

(3) Cover Period 6/1/2020 through 6/12/2020 (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		
6/3/2020 1	Ken Marsh 2011 Gail Ave Jacksonville Beach FL 32250	S	Retired	LOA			250000
1/1							
1/1							
1/1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ken Marsh

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2020 through 06 / 12 / 2020

(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					
06 / 09 / 2020	City of Jacksonville Beach 11 N 3rd St Jacksonville Beach FL 32250	Qualifying Fee	CAN		264.80
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