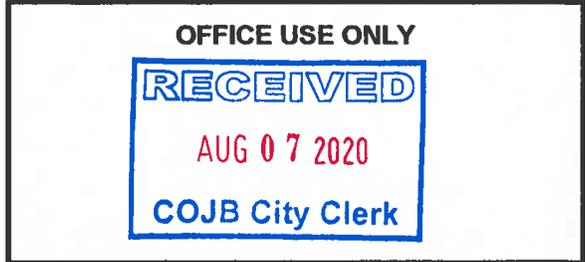


CAMPAIGN TREASURER'S REPORT SUMMARY

(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 7 25 /2020 To 7 31 /2020 Report Type: 2020P6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	_____	_____	500 00
Loans	\$	_____	_____	_____	00
Total Monetary	\$	_____	_____	_____	00
In-Kind	\$	_____	_____	_____	00

(7) Expenditures This Report

Monetary Expenditures	\$	_____	_____	_____	14 80
Transfers to Office Account	\$	_____	_____	_____	00
Total Monetary	\$	_____	_____	_____	14 80

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 8 100 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 4071 87

(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>X _____ 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>X _____ Signature</p>
--	--

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ken Marsh

(2) I.D. Number _____

(3) Cover Period 7 / 25 / 2020 through 07 / 31 / 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					
07 / 27 / 2020	Paypal 2211 N. 1st St. San Jose, CA 95131	Processing Fee	CAN		14.80
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Ken Marsh

(1) Name _____ (2) I.D. Number _____
 7 25 2020 through 7 31 2020 1 1
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(6) Sequence Number	(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
7 27 2020 / /	1	Susan Mullaney	I	Retired	CAS			500.00.
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								