

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DONNA GUTHRIE

Name

(2) 401 31 St Ave

Address (number and street)

Fort Lauderdale Fl 33312

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|--|--|
| <input type="checkbox"/> Candidate | Office Sought: <u>Fort lauderdale City commission District 3</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

OFFICE USE ONLY

2014 DEC 10 PM 4:51

CITY CLERK

(5) Report Identifiers

Cover Period: From 11 /01 /2014 To 11 /30 /2014 Report Type: _____

- Original
 Amendment
 Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 75 .00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 408 .94

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 979 . 000

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 011 . 45

(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) Same

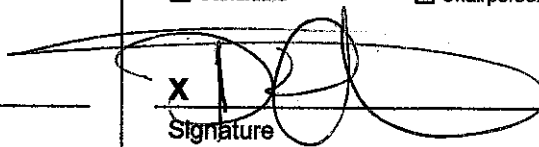
Individual (only for IE or electioneering comm.)
 Treasurer
 Deputy Treasurer

(Type name) Donna Guthrie

Candidate
 Chairperson (only for PC and PTY)

X

Signature



X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Donna Guthrie (2) I.D. Number _____

(3) Cover Period 11 / 01 / 2104 through 11 / 30 / 2114 (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	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
11 / 01 / 2014	Levers, Sheryl 5839 Woodlands Blvd Tamarac, FL 33319		Account Mana	che			\$25.00
11 / 01 / 2014	Knight, Clover PO Box 2641 Brockton, MA 02305		Retired	che			\$50.00
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donna Guthrie

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2014 through 11 / 30 / 2014

(4) Page _____ of _____

(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					
11 / 17 / 14	Sav-quick Printing 401 E Hallandale Beach Blvd 33009		CAN		\$356.00
11 / 07 / 14	Wal-Mart Lauderdale Lakes Florida		CAN		\$52.94
/ /					
/ /					
/ /					
/ /					
/ /					