CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	CALEB HENRY GUNTER	OFFICE USE ONLY							
,	Name	2016 OCT 1 O PM 12: 53							
(2)	1008 NE 11TH STREET								
	Address (number and street) FORT LAUDERDALE, FLORIDA 33304								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
	☑ Candidate Office Sought: DISTRICT 1 (Commissioner							
	☐ 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							
individual making electioneering communications)									
		Identifiers							
Cov	er Period: From $09/01/2016$ To	09 / 30 / 2016 Report Type: M9							
	original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cas	h & Checks \$, ,	Monetary Expenditures \$, , 250 .00							
Loar	s \$,,	Transfers to Office Account \$, , .							
Tota	ll Monetary \$, ,								
		Total Monetary \$, , 250 . 00							
In-K	ind \$, ,								
	•	(8) Other Distributions							
		·							
(9)	TOTAL Monetary Contributions To Date \$, 2 ,900 .00	(10) TOTAL Monetary Expenditures To Date \$							
	\$, 2,90000	\$, , <u>250</u> .0 <u>0</u>							
(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:								
<u> </u>	Type name) JOHN SMITH	(Type name) CALEB HENRY GUNTER							
or	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)							
v	loha Sam	Kint A							
Si	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name		CA	LEB HENRY GUNT	'ER			(2) I.D. Num	ber			
(3) Cover Period _	09#/	01	_/_ ²⁰¹⁶ _through_	09	30	/2016	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if		(10)	(,
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
09 /30 /16	JOHN SMITH 1008 NE 11TH STREET FORT LAUDERDALE, FLORIDA 33304		MONETARY		\$250.00
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DS DE 14 /Pov					