CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	CALEB HENRY GUNTER	OFFICE USE ONLY							
1.7	Name	2016 DEC -9 PM 4: 00							
(2)	1008 NE 11TH STREET	7010 000							
	Address (number and street) FORT LAUDERDALE, FLORIDA 33304								
	City, State, Zip Code	I							
	☐ Check here if address has changed	(3) ID Number:							
(4)		(e) 15 Hambon							
(4)	Candidate Office Sought: DISTRICT 1	eck 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) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
(5) Report Identifiers									
Cov		11 /30 /2016 Report Type: M11							
Пс	original ☐ Amendment ☐ Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(-)		Monetary							
Cas	h & Checks \$, ,	Expenditures \$, <u>250.00</u>							
Loa	ns \$,,	Transfers to Office Account \$, , .							
Tota	ol Monetany \$,,,,							
Total Monetary \$,,		Total Monetary \$, , .							
In-Kind \$, , .									
		(8) Other Distributions							
		\$, ,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(-)	\$,3 ,15000	\$, , 500 .00							
(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) JOHN SMITH	(Type name) CALEB HENRY GUNTER							
	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer relectioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)							
	1 Closury Commity								
_>	1 _ John 5/1	XUV							
S	Signature	Signature V							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	C)	ALEB HENRY G	UNTER		(2) I.D. Num	ber			
(3) Cover Period	11+/ 01	/ ²⁰¹⁶ throug	gh	30 / 2016	(4) Page	1	of	7	

(5)	(7)	(9)	(10)	(11)		
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
11 /18 /16	JOHN SMITH 1008 NE 11TH STREET FORT LAUDERDALE, FLORIDA 33304		MONETARY		\$250.00	
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