

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK

OFFICE USE ONLY

2016 NOV 10 PM 4:00

(1) CALEB HENRY GUNTER

Name

(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)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 /01 /2016 To 10 /31 /2016 Report Type: M10

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 150 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 250 . 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

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

X John Smith
Signature

(Type name) CALEB HENRY GUNTER

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CALEB HENRY GUNTER (2) I.D. Number _____

(3) Cover Period 10 / 01 / 2016 through 10 / 31 / 2016 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
			Type	Occupation	Type	Description		
08 / 26 / 2016	M10	JOSHUA D SOUSA 489 15TH STREET # 5 MIAMI BEACH , FL 33139	1		CHECK			\$250
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CALEB HENRY GUNTER

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 2016 through 10 / 31 / 2016

(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					
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