

CAMPAIGN TREASURER'S REPORT SUMMARY

CITY CLERK

OFFICE USE ONLY

2017 JUL -7 PM 3:41

(1) CALEB HENRY GUNTER

Name

(2) P.O. BOX 39326

Address (number and street)

Fort Lauderdale, FL 33339

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 06 / 01 / 2017 To 06 / 30 / 2017 Report Type: M6

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 500 . 00

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

Total Monetary \$ _____ , _____ , 500 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 5 , 750 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 4 , 096 . 63

(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:

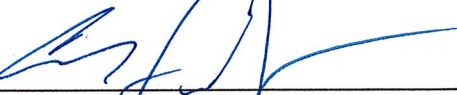
(Type name) JOHN SMITH

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

X  _____
Signature

(Type name) CALEB HENRY GUNTER

Candidate Chairperson (only for PC and PTY)

X  _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CALEB HENRY GUNTER

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2017 through 06 / 30 / 2017

(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					
6 / 7 / 17	JOHN SMITH 101 SE 6TH AVE, STE 11 POMPANO BEACH, FLORIDA 33060		CHECK		\$ 250
1					
6 / 12 / 17	JOHN SMITH 101 SE 6TH AVE, STE 11 POMPANO BEACH, FLORIDA 33060		CHECK		\$ 250
2					
/ /					
/ /					
/ /					
/ /					
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