

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY
2017 NOV -8 PM 1:24

(1) Marie Huntley

Name

(2) 1237 NW 7th Street #204

Address (number and street)

Fort Lauderdale, FL 33311

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner-District 3

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 / 17 To 10 / 31 / 17 Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 800.00

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

\$ _____ , _____ , 800.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . _____

(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) Kenyatta York

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

X Kenyatta York
Signature

(Type name) Marie Huntley

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marie Huntley (2) I.D. Number _____

(3) Cover Period 10/01/17 / ____ / ____ through 10/31/17 / ____ / ____ (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10/04/17 / / 1	Jontieial Smith	I		CAS			50.00
10/05/17 / / 2	Scott Strawbrige 1308 SW 3rd Ct Fort Laud FL 33312	I	Director	CAS			250.00
10/14/17 / / 3	Arely Baugh	I		CAS			52.00
10/17/17 / / 4	George Sharpe	I		CAS			50.00
10/21/17 / / 5	Chad Durfey	I		CAS			50.00
10/22/17 / / 6	Andrew Leone 2735 NE 27th St Ft. laud FL 33306	I	Director of operations	CHE			100.00
10/24/17 / / 7	Jessica Thompson 2708 NW 55th Way Lauderhully FL 33313	I	Customer service	CAS			100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marie Huntley (2) I.D. Number _____

(3) Cover Period 10/01/17 / ____ / ____ through 10/31/17 / ____ / ____ (4) Page 2 of 2

(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		
10/27/17 / / 8	Chad Durfey <i>720 Rigde Wood Ln Plantation, FL 33317</i>	I	<i>Director</i>	CAS			100.00
10/28/17 / / 9	Lenisha Gibson	I		CAS			50.00
/ / 10							
/ / 11							
/ / 12							
/ / 13							
/ / 14							