

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marie Huntley
Name

(2) 1237 NW 17th Street #204
Address (number and street)

Fort Lauderdale, FL 33311
City, State, Zip Code

CITY CLERK
OFFICE USE ONLY

2017 NOV 17 PM 12: 20

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City 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 11 / 01 / 17 To 11 / 10 / 17 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 500.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . _____

(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 Marie Huntley
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 11 / 01 / 17 through 11 / 10 / 17 (4) Page 1 of 1

(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		
11, 08, 17	Karen Cherry			INK	Catering		250.00
11, 08, 17	Kahlilah Thomas			INK	Sweets Table		250.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							