

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna Guthrie  
Name

(2) 401 SW 31 Avenue  
Address (number and street)

Ft. Lauderdale, FL 33312  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

CITY CLERK

2017 DEC 22 AM 10:43

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

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 12 / 09 / 17 To 12 / 15 / 17 Report Type: P-4

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_, \_\_\_\_\_, 325.00

Loans      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, 325.00

In-Kind      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Transfers to Office Account      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 1, 295.00

### (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) Christiane Jones

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

Christiane Jones  
Signature

(Type name) Donna Guthrie

Candidate       Chairperson (only for PC and PTY)

[Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Donna Guthrie (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 12 / 09 / 17 through 12 / 15 / 17 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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		Amount
12 / 10 / 17	Shirley, Jasmin 1565 NW 4 St. Ft. Laud. FL 33311	I	Health Care Admin.	CHE			\$100.00
012							
12 / 10 / 17	Williams Beverly 3369 NW 21 St. Lauderdale Lakes, FL 33311	I	Commissioner	CHE			25.00
013							
12 / 14 / 17	GRANT, Claudette 430 ARIZONA AVE Ft. Laud. FL 33312	I	Entre- preneur	CHE			100.00
014							
12 / 15 / 17	BURROWS, Sonya 1600 NW 4 St. Ft. Laud. FL 33311	I	Electrician	CHE			100.00
015							
1 / 1							
1 / 1							
1 / 1							