

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna Guthrie  
 Name  
 (2) 401 SW. 31 Avenue  
 Address (number and street)  
Portland, OR 97202  
 City, State, Zip Code

CITY OFFICE USE ONLY

2017 DEC 29 PM 2:15

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 12/16/17 To 12/29/17 Report Type: P5

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$        , 1,000 . 00

Loans                      \$        ,        ,        .       

Total Monetary      \$        , 1,000 . 00

In-Kind                    \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures      \$        ,        ,        .       

Transfers to Office Account      \$        ,        ,        .       

Total Monetary      \$        ,        ,        .       

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 21 . 295 02

### (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) Christine Jones

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

Christine Jones

(Type name) Donna Guthrie

Candidate       Chairperson (only for PC and PTY)

Donna Guthrie

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

(1) Name Donna Guthrie (2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 16 / 17 through 12 / 29 / 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	Amendment	Amount
12, 16, 17	Larsen, Robert 822 NW 4 St. Ft. Lauderdale, FL 33311	I	Self employed	CHE			\$ 250.00
016							
12, 16, 17	DaCosta, Gaston P.O. Box 521 Carthage, NY 13619	I	Doctor	CHE			250.00
017							
12, 19, 17	Hastings for Congress P.O. Box 100277 Ft. Lauderdale, FL 33310	I	Congress- man	CHE			250.00
018							
12, 22, 17	Pamies, Michelle- Austin 19355 Turnberry Way, # 17K Aventura, FL 33180	I	Attorney	CHE			250.00
019							
1							
1							
1							
1							