

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna Guthrie
 Name
 (2) 401 SW 31 Ave
 Address (number and street)
Fort Lauderdale FL 33312
 City, State, Zip Code



(3) ID Number: _____

(4) Check appropriate box(es): City of Fort Lauderdale Commission District 3

Candidate Office Sought: _____
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 07 / 15 / 2022 To 07 / 31 / 2022 Report Type: SM7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 400. 00

Loans \$ _____, 1, 000. 00

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 921. 00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1, 400. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 921. 00

(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:

<p style="text-align: center;"><u>Donna Guthrie</u> (Type name)</p> <p> <input type="checkbox"/> Individual (only for IE or electioneering comm.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer </p> <p>X Signature</p>	<p style="text-align: center;"><u>Donna Guthrie</u> (Type name)</p> <p> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY) </p> <p>X Signature</p>
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(1) Name _____ (2) I.D. Number _____
 07 15 2022 07 31 2022 1 1

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(6) Sequence Number	(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
07 31 2022 / /		Dawkins, Linda 31 Berkeley Bvd Fort Lauderdale FL 33312	I	Retired	CHE			\$300.00
07 31 2022 / /		Mosley, Sherman 410 SW 31 Ave Fort Lauderdale FL 33312	I	retired	CHE			\$100.00
07 15 2022 / /		Donna Guthrie 401 SW 31 Ave Fort Lauderdale FL 33312	I	Self Employed	LOA			\$1000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donna Guthrie

(2) I.D. Number 1 of 1

(3) Cover Period 07 / 15 / 2022 through 07 / 31 / 2022

(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					
07 / 15 / 22	City Clerk		CAN		\$921.00
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