CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Donna M. Clark	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	1415 North Barcelona Street	Submitted on:								
	Address (number and street)	9/15/2014 08:43:10 (eastern)								
	Pensacola, FL 32501 City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 445								
(4)	_	(6) 12 (44)1661.								
(-)	Check appropriate box(es):									
	(5) Report	Identifiers								
Cove	er Period: From 8 / 30 / 2014 To	9 / 12 / 2014 Report Type: G2								
Пο	riginal 🖺 Amendment 🔲 Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, , 0 . 00	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , , 000	Total Monetary \$, , 112 . 48								
In-Ki	ind \$,,, 000									
		(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$,28_, _534 \cdot _85_ (10) TOTAL Monetary Expenditures To Date \$,24_, _636 \cdot78_									
(T	(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) Individual (only for IE Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
X		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Donna M. Clark				2) I.D. Numbe	er4	45
	8/30/2014			/12/2014			
(3) Cover Perio	od / /	through		!	(4) Pag	e ¹	of ⁰
						9/k	
(5)	(7)	(8)		(9)	(10)	(11)	(12)
Date	Full Name				\	X = 2	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contribu	utor	Contribution	In-kind		
Number	City, State, Zip Code		upation	Туре	Description	Amendment	Amount
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10 St							
3							
1 4							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	onna	Μ.	Clar!	k					 (2) I.D. Nu	mber	4	445	
		8/	30/20)14		9/12	/201	4	•- •				
(3) Cover Pe	riod		1	1	through	1		1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
9/11/2014	Berry, Grayson 2740 Dunsinaane Rd. Pensacola, FL 32503	web site work	MO	Add	\$112.48	
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DS-DE 14 (Rev					4	