

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna M. Clark  
Name  
(2) 1415 North Barcelona Street  
Address (number and street)  
Pensacola, FL 32501  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1071164]  
Submitted on:  
8/5/2014 16:30:07 (eastern)

Check here if address has changed

(3) ID Number: 445

(4) Check appropriate box(es):

- Candidate Office Sought: City of Pensacola Mayor  
 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 7 / 5 / 2014 To 7 / 18 / 2014 Report Type: P3

Original  Amendment  Special Election Report

## (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00  
Loans \$        ,        , 0 . 00  
Total Monetary \$        ,        , 0 . 00  
In-Kind \$        ,        , 0 . 00

## (7) Expenditures This Report

Monetary Expenditures \$        ,        , 50 . 00  
Transfers to Office Account \$        ,        , 0 . 00  
Total Monetary \$        ,        , 50 . 00

## (8) Other Distributions

\$        ,        , 0 . 00

## (9) TOTAL Monetary Contributions To Date

\$        , 20 , 917 . 35

## (10) TOTAL Monetary Expenditures To Date

\$        , 19 , 238 . 76

## (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donna M. Clark (2) I.D. Number 445

7/5/2014 through 7/18/2014

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Donna M. Clark

(2) I.D. Number 445

(3) Cover Period 7/5/2014 through 7/18/2014

(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					
7/18/2014 //	Artext, 5102 Brookside Drive PACE, FL 32571	window placards	MO	Add	\$50.00
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