

MAR 14 2016 PM 12:11

CAMPAIGN TREASURER'S REPORT SUMMARY

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OFFICE USE ONLY

MAR 14 2016

CITY OF WEST PALM BEACH
OFFICE OF THE CITY CLERK

(1) Charina D Broadnax
Name
(2) 404 10th St. Apt 1
Address (number and street)
WPB FL 33401
City, State, Zip Code

Check here if address has changed

(3) ID Number: 0000

(4) Check appropriate box(es):

Candidate Office Sought: City 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 12/1/15 To 3/11/16 Report Type: TR

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , . 00

Loans \$, , .

Total Monetary \$, , . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , . 75.00

Transfers to Office Account \$, , .

Total Monetary \$, , . 75.00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , . 100.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 100.00

(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:

(Type name) Donesha Broadnax

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

X Donesha Broadnax
Signature

(Type name) Charina D. Broadnax

Candidate Chairperson (only for PC and PTY)

X Charina D. Broadnax
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Charina D. Broadnax (2) I.D. Number _____

(3) Cover Period 12 / 1 / 15 through 3 / 11 / 16 (4) Page 1 of 1

(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
/ /	No Contributions						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Cherine D. Broadnax

(2) I.D. Number _____

(3) Cover Period 12 / 1 / 15 through 3 / 11 / 16

(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					
12 / 1 / 15	Bank of America		Bank Fee		29. ⁹⁵
1					
1 / 4 / 16	Bank of America		Bank Fee		29. ⁹⁵
2					
2 / 1 / 16	Bank of America		Bank		15. ¹⁰
1 / 1					
1 / 1					
1 / 1					
1 / 1					