

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marlon C. Luis
 Name
 (2) 1800 SW 116 Ave
 Address (number and street)
Davie, FL 33325
 City, State, Zip Code



(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Councilmember District 4
 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 12 /01 /2017 To 12 /31 /2017 Report Type: M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____
 Loans \$ _____ , _____ , 100 .00
 Total Monetary \$ _____ , _____ , 100 .00
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 47 .94
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 47 .94

(8) Other Distributions
 \$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 100 .00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 47 .94

(11) Certification

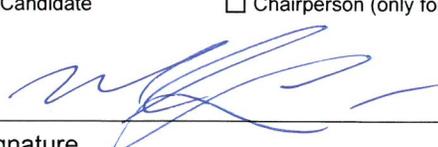
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Marlon C. Luis
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Marlon C. Luis
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marlon C. Luis

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 2017 through 12 / 31 / 2017

(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 / 05 / 17 | Floridian Community Bank 5599 S. University Dr. Davie, FL | Order campaign Checks | MON | | 47.94 |
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