

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mark Lago

Name

(2) 6421 SW 64 CT

Address (number and street)

South Miami, FL 33143

City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_



(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

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 09 / 01 / 2017 To 09 / 30 / 2017 Report Type: MA

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 4 , 075 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 1 , 381 . 37

### (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:

Mark Lago

(Type name)

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

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

Mark Lago

(Type name)

Candidate  Chairperson (only for PC and PTY)

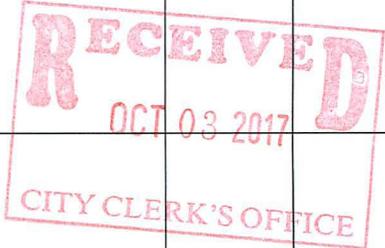
X \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mark Lago (2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 01 / 17 through 09 / 30 / 17 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation |                             |                                |                   |                |
| None<br>/ /               |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |
| / /                       |  |                    |            |                             |                                |                   |                |



## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mark Lago

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 01 / 17 through 09 / 30 / 17

(4) Page 1 of 1

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------|--|--|----------------------------|-------------------|----------------|
| / /         |  |  |                            |                   |                |
| None        |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |
| / /         |  |  |                            |                   |                |

