CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **Luciano Garcia**
Name

(2) **10470 NW 133 Street**
Address (number and street)
Hialeah Gardens FL. 33018
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):
☑ Candidate   Office Sought: **Hialeah Gardens Council Group II**
☐ 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   ☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From **12 / 10 / 21** To **1 / 31 / 22**   Report Type: **TR**

☐ Original   ☐ Amendment   ☐ Special Election Report

(6) Contributions This Report		(7) Expenditures This Report	
Cash & Checks	$ ___ , ___ 185 . 60	Monetary Expenditures	$ ___ , ___ , 185 . 60
Loans	$ ___ , ___ . ___	Transfers to Office Account	$ ___ , ___ , 185 . 00
Total Monetary	$ ___ , ___ 185 . 00	Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___		

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) **TOTAL Monetary Contributions To Date**
$ ___ , ___ , 185 . 00

(10) **TOTAL Monetary Expenditures To Date**
$ ___ , ___ , 185 . 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) _____
☐ Individual (only for IE or electioneering comm.)   ☐ Treasurer   ☐ Deputy Treasurer

X _____
Signature

(Type name) _____
☑ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _Luciano Garcia_ (2) I.D. Number _____

(3) Cover Period _12_/_10_/_21_ through _1_/_31_/_22_ (4) Page _1_ of _1_

(5) Date / (6) Sequence Number	(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
12/10/21 1	City of Hialeah Gardens 10001 NW 87 Ave. Hialeah Gardens, FL. 33016	Qualifying Fee	CAN		185 60
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DS-DE 14 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Luciano Garcia   **(2) I.D. Number** _____

(3) Cover Period 12 / 10 / 21 through 1 / 31 / 22   **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(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
12 / 10 / 21 1	Luciano Garcia 10470 NW 133 St. Hialeah Gardens FL. 33018	I	CAS				185 60
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/ /							
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DS-DE 13 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**