

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Marcelo Llorente
Name
(2) 221 Aragon Avenue
Address (number and street)
Coral Gables, Fl 33134
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1017995]
Submitted on:
5/18/2010 16:08:09 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 726

(4) Check appropriate box(es):
 Candidate (office sought): Mayor
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2009 To 9/30/2009 / Report Type Q3-09
 Original Amendment Special Election Report Independent Expenditure 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 \$ 0.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 0.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 234,769.00

(10) TOTAL Monetary Expenditures To Date
 \$ 23,385.94

(11) CERTIFICATION

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

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marcelo Llorente **(2) I.D. Number** 726
(3) Cover Period 7/1/2009 through 9/30/2009 **(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
(6) Sequence Number		Type	Occupation				
8/13/2009 / /	Overton, Jason P. 240 E. 86 Street #171 New York, NY 10028	I	best efforts	CH		Delete	\$500.00
1							
8/13/2009 / /	Overton, Jason P. 240 E. 86 Street #171 New York, NY 10028	I	healthcare	CH		Add	\$500.00
2							
9/25/2009 / /	Kharfan, Samara 6927 SW 115 Place #B Miami, FL 33173	I	best efforts	CH		Delete	\$500.00
3							
9/25/2009 / /	Kharfan, Samara 6927 SW 115 Place #B Miami, FL 33173	I	healthcare	CH		Add	\$500.00
4							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marcelo Llorente

(2) I.D. Number 726

(3) Cover Period 7/1/2009 through 9/30/2009

(4) Page 1 of 0

(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					
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