

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

(1) Marcelo Llorente
Name
(2) P. O. Box 144200
Address (number and street)
Coral Gables, Fl 33114
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1028451]
Submitted on:
4/11/2011 12:01:30 (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 10/1/2010 To 12/31/2010 Report Type Q4-10
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>-50.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-50.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 301,454.00

(10) TOTAL Monetary Expenditures To Date
\$ 33,984.13

(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

10/1/2010 through 12/31/2010

(3) Cover Period / / through / / (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
12/7/2010 / /	LAMAS, DIANDRA M. 10875 SW 28TH STREET MIAMI, FL 33165	I		CH		Delete	\$50.00
1							
12/7/2010 / /	LAMAS, DIANDRA M. 10875 SW 28TH STREET MIAMI, FL 33165	I		CH		Add	\$0.00
2							
/ /							
/ /							
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/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marcelo Llorente

(2) I.D. Number 726

(3) Cover Period 10/1/2010 through 12/31/2010

(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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