

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) HUBERTO LLANES
Name

(2) 48 NW 58 CT
Address (number and street)

MIAMI FL 33126
City, State, Zip Code

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- 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 05/01/17 To 06/9/17 Report Type: TR-2017

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 00.00

Loans \$ _____, _____, 00.00

Total Monetary \$ _____, _____, 00.00

In-Kind \$ _____, _____, 00.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 00.00

Transfers to Office Account \$ _____, _____, 00.00

Total Monetary \$ _____, _____, 00.00

(8) Other Distributions

\$ _____, _____, 00.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 00.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 00.00

(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 _____ 6-9-17
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____ 6-9-17
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name HUBERTO UAREJ (2) I.D. Number _____
 (3) Cover Period 05/01/17 through 06/30/17 (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
//	<i>nothing TO</i>	<i>Report</i>			
//					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Hubert D. Claves (2) I.D. Number _____

(3) Cover Period 05/01/17 through 06/09/17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	<i>nothing to report</i>						
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Huberts Lane

(2) I.D. Number _____

(3) Cover Period 05/01/17 through 06/30/17

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
<u>11</u>	<u>nothing</u>	<u>TD</u>	<u>Report</u>		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Huberto L Lane (2) I.D. Number _____

(3) Cover Period 5-1-17 through 6-9-17 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
11		<i>nothing to report</i>				
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