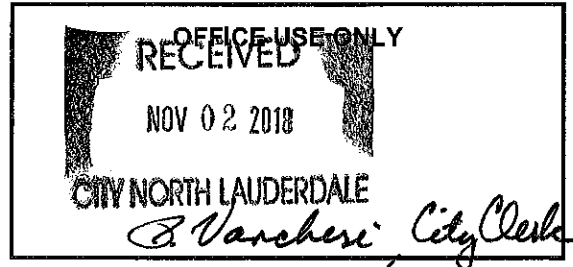


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARIO BUSTAMANTE
 Name
 (2) 6100 SW 15 STREET
 Address (number and street)
NORTH LAUDERDALE, FL 33068
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: NORTH LAUDERDALE COMMISSIONER SEAT B
 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 10 / 20 / 18 To 11 / 01 / 18 Report Type: G7

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , 0.00
 Loans \$ _____ , _____ , 0.00
 Total Monetary \$ _____ , _____ , 0.00
 In-Kind \$ _____ , _____ , _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 517.00
 Transfers to Office Account \$ _____ , _____ , _____
 Total Monetary \$ _____ , _____ , 517.00

(8) **Other Distributions**
 \$ _____ , _____ , _____

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , 21 , 450 . 00

(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , 20 , 953 . 36

(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) ZOILA BUSTAMANTE
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
X *Zoila Bustamante*
 Signature

(Type name) MARIO BUSTAMANTE
 Candidate Chairperson (only for PC and PTY)
X *Mario Bustamante*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARIO BUSTAMANTE (2) I.D. Number G7

(3) Cover Period 10 / 20 / 18 through 11 / 01 / 18 (4) Page 1 of 1

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

MB
2.13

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARIO BUSTAMANTE

(2) I.D. Number G7

(3) Cover Period 10 / 20 / 18 through 11 / 01 / 18

(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
(6) Sequence Number					
10 / 12 / 18	SINAL CONSULTING GROUP, LLC 18800 NW 2 AVENUE, STE 221 MIAMI GARDENS, FL 33169	CONSULTANT	MON		500.00
1					
11 / 01 / 18	BANK OF AMERICA PO BOX 25118 TAMPA, FL 33622	FEES	MON		17.00
2					
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2.0