CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Mark Anthony Spence	OFFICE USE ONLY							
Name	RECEIVED							
(2) 2904 NW 33 Terrace	SEP 1 0 2020							
Address (number and street) Lauderdale Lakes, FL 33311								
City, State, Zip Code	CITY CLERK							
☐ Check here if address has changed	(3) ID Number:							
(4) Check appropriate box(es):								
<ul><li>☑ Candidate Office Sought: Laudero</li><li>☑ Political Committee (PC)</li></ul>	dale Lakes Commissioner Seat #4							
☐ Electioneering Communications Org. (ECC								
<ul><li>☐ Party Executive Committee (PTY)</li><li>☐ Independent Expenditure (IE) (also covers</li></ul>	☐ Check here if PTY has disbanded s an ☐ Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5)	) Report Identifiers							
Cover Period: From 08 / 01 / 20	- Control of the cont							
☑ Original ☐ Amendment	☐ Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$ , , <u>450</u> . <u>0</u>	Monetary							
Loans \$,, _0 . (	Transfers to Office Account \$ , , 0.00							
Total Monetary \$ , , 450 . 0	00							
In-Kind \$	Total Monetary \$ , , 701 . 92							
	(8) Other Distributions \$ 0.00							
	· · · · · · · · · · · · · · · · · · ·							
(9) TOTAL Monetary Contributions To Dat \$ , 3 , 724 . 22								
\$ , <u>3</u> , <u>724</u> . <u>22</u>	\$ , <u>2</u> , <u>018</u> . <u>40</u>							
(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) Mark Anthony Spence	(Type name) Mark Anthony Spence							
☑ Individual (only for IE ☑ Treasurer ☐ Deputy Tre	easurer							
x 26/6/	x 2/1/							
Signature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Mark Anthony Spence (2) I.D. Number							
(3) Cover Period	08 / 01 / 2020	throu	gh /	31 / 2020		01	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	Amandmant	
Number  08	City, State, Zip Code Barbar Evans-Smith 2303 Shoma LN Royal Palm Beach, FL 33414	Type	Occupation	СНЕ	Description	Amendment	Amount \$250.00
08	Majorie Brown 4809 Tellson Place Orlando, FL 32814	I	Retired	СНЕ			\$100.00
08 / 05 / 2020	Myrtle Doctor 3920 NW 46th Avenue Lauderdale Lakes, FL 33319	I	Nurse	СНЕ	-		\$100.00
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1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Mark Anthony Spence (2) I.D. Number									
(3) Cover Perio	d <sup>08</sup> /_ <sup>01</sup> /_ <sup>2020</sup> through _ <sup>08</sup> /			11	01				
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)				
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount				
08 / 10/2020	Minuteman Press 6677 Lake Worth Rd Lake Worth, FL 33467		CAN		\$701.92				
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