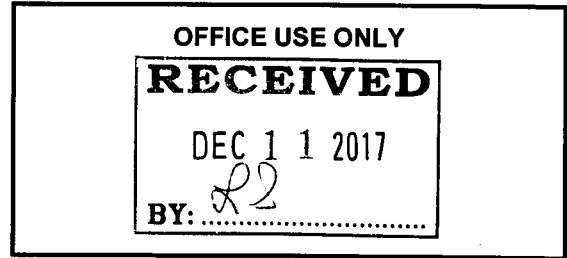


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marco A. Salvino Sr.
 Name
 (2) 713 NW 7th Avenue
 Address (number and street)
Dania Beach, FL 33004
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City Commissioner
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 01 / 17 To 11 / 30 / 17 Report Type: M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2,250 . 00

Loans \$, , .

Total Monetary \$, 2,250 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , .

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 2,750 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 69 . 00

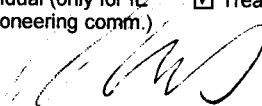
(11) Certification

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:

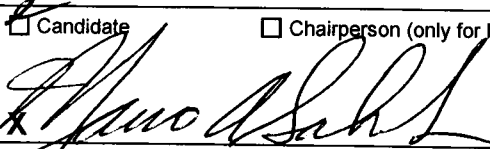
(Type name) Patricia Fuccile

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Marco A. Salvino Sr.

Candidate Chairperson (only for PC and PTY)


 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marco A. Salvino Sr. (2) I.D. Number _____
 (3) Cover Period 11 / 01 / 17 through 11 / 30 / 17 (4) Page 1 of 2

(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	Type	Description		
<u>11 129 17¹</u>	Richard L. Powell 3028 Hartridge Terr Wellington, Fl 33414	I	Sales	CHE			250.00
<u>11 129 17²</u>	Janet Shapiro 21101 NE 38 Avenue Aventura, Fl 33180	I	Housewife	CHE			250.00
<u>11 129 17³</u>	Dr. Jason Levine 14437 South Dixie Hwy Miami, Fl 33176	I	Physician	CHE			250.00
<u>11 129 17⁴</u>	Bernard B. Harrold 106 E. Pembroke Road Hallandale Bch, Fl 33009	I	Bus Manager	CHE			250.00
<u>11 129 17⁵</u>	FLRSC Yanina D. Fleg 200 Leslie Dr #825 Hallandale Fl 33009	I	Sales Rep	CHE			250.00
<u>11 129 17⁶</u>	Maria I Guevara 18816 SW 28th Court Miramar, FL 33029	I	Dade Cty Emp	CHE			250.00
<u>11 129 17⁷</u>	Athanasia Iakovides 2904 N. Williston Dr Apt 102 Jupiter, FL 33458	I	Provider	CHE			250.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marco A. Salvino Sr (2) I.D. Number _____

(3) Cover Period 11 / 01 / 17 through 11 / 30 / 17 (4) Page 2 of 2

(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		
11 / 29 / 17 ⁸	Jay Alan Shapiro 21101 NE 38th Avenue Aventura, Fl 33180	I	Sales	CHE			250.00
11 / 29 / 17 ⁹	Daniel Koren 770 Claughton Island Dr, #1207 Miami, Fl 33131	I	Sales	CHE			250.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marco A. Salvino Sr.

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 17 through 11 / 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
(6) Sequence Number					
/ /	NONE				
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Marco A. Salvino Sr. (2) I.D. Number _____

(3) Cover Period 11 / 01 / 17 through 11 / 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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
/ /	NONE					
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						