CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Mark Anthony Spence Name	OFFICE USE ONLY RECEIVED				
(2) 2904 NW 33 terrace					
Address (number and street)	NOV 1 2 2019				
Lauderdale Lakes, FL 33311	@4:42PM				
City, State, Zip Code	CITY OF FRE				
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):	The second of th				
☐ Candidate Office Sought: City Com	missioner Sect #4				
Political Committee (PC)					
☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed☐				
individual making electioneering communications)					
(5) 5	11 110				
	Identifiers				
Cover Period: From 10 / 01 / 19 To	10 / 31 / 19 Report Type: 2019m10				
☐ Original ☐ Amendment ☐ Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, 100 . 00	Monetary Expenditures \$, , \ O				
¢					
Loans \$,,	Transfers to Office Account \$, , , , , , , , , , , , , , , , , ,				
Total Monetary \$,,	,,,,,,,,				
	Total Monetary \$, , ,				
In-Kind \$,,	,,				
	(8) Other Distributions				
	\$				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$,, 100 . @	\$,,,				
(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 Treasurer or electioneering comm.)	☐ Chairperson (only for PC and PTY)				
2/1/11	2/1/				
X Ml W	X MIN				
Signature	Signature				

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Wark Anthony Spence (2) I.D. Number									
(3) Cover Period 10 / 10 / 19 through 10 / 31 / 19 (4) Page 1 of 1									
	(5)	(7)		(8)	(9)	(10)	(11)	(12)	
	Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
10	123 12019 001	Mert Spence 2904 NW 33 tomace Lauctordale Lakes FL 33311	S	Dirocher	CHE			X)00.00	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (2) I.D. Number										
(3) Cover Period 10 / 0(/ 19 through 10 / 31 / 19 (4) Page of										
(5) Date (6) Sequence Number	(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)	(11) Amount					
/ /		,	2							
/ /		·			*5					
/ /					*2					
/ /										
/ /										
/ /										
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