

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) LUIS H. PRAOZ  
Name

(2) 1410 S. OCEAN DR. 1604  
Address (number and street)

HOLLYWOOD FL. 33019  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): COMMISSIONER DISTRICT I

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 1 1 07 To 9 30 07 Report Type Q 2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 200<sup>00</sup>

Loans \$ \_\_\_\_\_

Total Monetary \$ 200<sup>00</sup>

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 481<sup>00</sup> O.P.

Transfers to Office Account \$ 200<sup>00</sup> P.P.

Total Monetary \$ 1381<sup>00</sup> O.P.

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date \$ 200<sup>00</sup>

(10) TOTAL Monetary Expenditures To Date \$ 0 P.P.

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kathleen P. Praoz

(Type name) LUIS H. PRAOZ

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

KATH P. PRAOZ  
Signature

Luis Praoz  
Signature



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Luis H. Prada

(2) I.D. Number \_\_\_\_\_

*MP*

(3) Cover Period 7/1/07 through 9/30/07

(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					
<del>9/12/07</del>	<del>CASCO PHOTO GRAPHICS FT. LAUDERDALE, FL</del>	<del>BANNERS &amp; SHORT T-SHIRTS</del>	<del>MON</del>		<del>\$1181<sup>00</sup></del>
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

*MP*

### CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name LUIS H. PRADA

(2) I.D. Number \_\_\_\_\_

*JP.*

(3) Cover Period 7/1/07 through 9/30/07

(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
(6) Sequence Number					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					