FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MILT MONTERO
Candidate, Committee or Party Name

(2) _____
I.D. Number

(3) 1045 10 ST SOT | MB | FL | 33139-5304
Address (number and street) | City | State | Zip Code

☐ Check box if address has changed since last report

(4) Check appropriate box(es):

☑ Candidate (office sought): MAYOR

☐ Political Committee ☐ Check if PC has DISBANDED

☐ Committee of Continuous Existence ☐ Check if CCE has DISBANDED

☐ Party Executive Committee

RECEIVED 03 APR 14 AM 10:50 CITY CLERK'S OFFICE

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/03 To 3/31/03 Report Type: Q1

☐ Original ☑ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT		(7) EXPENDITURES THIS REPORT	
Cash & Checks	$ —	Monetary Expenditures	$ 2514.11
Loans	$ 2894.32	Transfers to Office Account	$
Total Monetary	$ 2894.32	*Total Monetary*	$ 2514.11
In-Kind	$ —	(8) Other Distributions	$ —

(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date
$ 2894.32	$ 2514.11

(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

Name of ☑ Treasurer ☐ Deputy Treasurer

X
Signature

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

Name of ☑ Candidate ☐ Chairman (PC/PTY only)

X
Signature

DS-DE 12 (7/98)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PS1 R 5

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MILG MONTALVO (2) I.D. Number

(3) Cover Period 1/1/03 through 3/31/03 (4) Page 1 of 3

(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) Amendment	(11) Amount
2/7/03 / 1	WALGREEN 12295 BISC BLV NMB FL	OFFICE MAT	MON		42.78
/ / / 2	OFFICEMAX 12255 BISC BLV NMB 33181	OFF MAT	MON		22.72
/ / / 3	MIA HERALD 1 HERK PLZ MIA FL 33132-1693	AD	MON		113.40
3/7/03 / 4	OFFMAX 12255 BISC BLV NMB 33181	OFF MAT	MON		5.34
3/7/03 / 5	OFFICE MAX 12255 BISC BLV NM 33181	OFF MAT	MON		42.78
3/4/03 / 6	USPS MB FL 33119-9998	STAMPS	MON		14.40
3/5/03 / 7	EKERD DRUGS #2772 ALTON RD MB	OFF MAT	MON		4.23
2/26/03 / 8	OFFICEMAX 12255 BISC BLV NM 33181	OFF MAT	MON		100.81

DS-DE 14 (7/98) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MILT MONTALVO (2) I.D. Number

(3) Cover Period 1/1/03 through 3/31/03 (4) Page 2 of 5

(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) Amendment	(11) Amount
2/22/03 / 9	KINKO'S 1678 ALTON RD MB 33139	OFF MAT	MON		3.58
3/28/03 / 10	KINKO'S 1678 ALTON RD MB 33139	OFF MAT	MON		5.00
1/20/03 / 11	SUNPOST 1688 MERIDIAN AV MB 33139	AD	MON		300.00
1/29/03 / 12	SUNPOST 1688 MER AV MB 33139	AD	MON		202.00
2/12/03 / 13	SUNPOST 1688 MER AV MB 33139	AD	MON		202.00
2/19/03 / 14	SUNPOST 1688 MER AV MB 33139	AD	MON		202.00
2/25/03 / 15	SUNPOST 1688 MER AV MB 33139	AD	MON		404.00
3/3/03 / 16	SUNPOST 1688 MER AV MB 33139	AD	MON		202.00

DS-DE 14 (7/98) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MILT MONTALVO (2) I.D. Number

(3) Cover Period 1 / 1 / 03 through 3 / 31 / 03 (4) Page 3 of 3

(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) Amendment	(11) Amount
3 / 25 / 03 17	SUNPOST 1688 MER AV MB 33139	AD	MCN		71.00
3 / 25 / 03 18	SUNPOST 1688 MER AV MB 33139	AD	MCN		149.00
3 / 11 / 03 19	HAPPY ENDINGS 651 NW 106 ST MIA FL 33150	AD	MCN		163.00
/ / 					
/ / 					
/ / 					
/ / 					
/ / 					

DS-DE 14 (7/98) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MILT MONTERO (2) I.D. Number

(3) Cover Period 1/1/03 through 3/31/03 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3/31/03 / 1	MILT MONTERO 1045 10ST MB FL 33139-5304			MON			2894.37
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (7/98) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Page 5 of 5