

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

08-28-13P04:17 RCVD

*M. Tejada-Castillo*

I, Luis ESPINOSA,

candidate for the office of MAYOR;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

  
Signature of Candidate

8/28/13  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

08-28-13P04:17 RCVD

*M. Tejada-Castillo*

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

*LUIS ESPINOSA*

**3. Address (include post office box or street, city, state, zip code)**

*7225 POINCIANA CT  
MIAMI LAKES, FL 33014*

**4. Telephone**

*(305) 244-7007*

**5. E-mail address**

*ESPI4481@Bellsouth.net*

**6. Office sought (include district, circuit, group number)**

*MAYOR*

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

*LUIS ESPINOSA*

**11. Mailing Address**

*7225 POINCIANA CT. MIAMI LAKES, FL 33014*

**12. Telephone**

*(305) 244-7007*

**13. City**

*MIAMI LAKES*

**14. County**

*DADE*

**15. State**

*FL*

**16. Zip Code**

*33014*

**17. E-mail address**

*ESPI4481@Bellsouth.net*

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

*WELLS FARGO*

**20. Address**

*15615 NW 67 AVE*

**21. City**

*MIAMI LAKES*

**22. County**

*DADE*

**23. State**

*FL*

**24. Zip Code**

*33014*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

*8/28/13*

**26. Signature of Candidate**

*X* 

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, *LUIS ESPINOSA*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*8/28/13*  
Date

*X*   
Signature of Campaign Treasurer or Deputy Treasurer





Office of the Town Clerk

6601 Main Street, Suite 206 • Miami Lakes, Florida, 33014

Office: (305) 364-6100 • Fax: (305) 558-8511

Website: [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

**WRITTEN NOTICE OF CANDIDACY**

I, Luis ESPINOSA

the undersigned, an elector of the Town of Miami Lakes, who has resided continuously in the Town for at least two (2) years preceding the date of filing of this notice of candidacy; whose residence is

7225 Poinciana Court Miami Lakes, FL 33014

in the Town of Miami Lakes, hereby announce my candidacy for the office of Town Councilmember Seat 4 \_\_\_\_\_ (or) Mayor  to be voted for at the election to be held on the first day of October, 2013, and I hereby agree to serve if elected.

  
\_\_\_\_\_  
Signature of Candidate

Date & Hour of Filing 8/28/13 @ 4:19PM

Received by: M. Tejeda-Castillo  
Town Clerk

08-28-13P04:20 RC

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

08-28-13P04:23 RCVD

*M. Tejeda-Castillo*

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, LUIS ESPINOSA  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MAYOR,  
(office) (district #)

(circuit #) (group or seat #); I am a qualified elector of MIAMI DADE County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida

X *[Signature]* (305) 244.7007 ESPI4481@bellsouth.net  
Signature of Candidate Telephone Number Email Address

7225 Poinciana Ct. Miami Lakes FL 33014  
Address City State ZIP Code

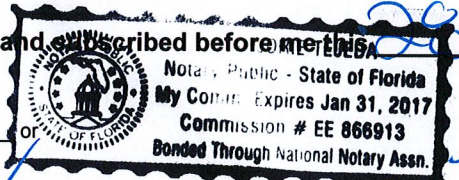
Candidate's Florida Voter Registration Number (located on your voter information card): 109153257

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

LOUIS ESPEENDESAN

STATE OF FLORIDA  
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me on this 28 day of August, 2013.



Personally Known: \_\_\_\_\_  
Produced Identification: ✓ Signature of Notary Public *M. Tejeda*  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL Drivers License



FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

ESPINOSA LUIS

MAILING ADDRESS:

7225 POINCIANA COURT

CITY: ZIP: COUNTY:

MIAMI LAKES 33014 MIAMI-DADE

NAME OF AGENCY:

TOWN OF MIAMI LAKES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR

08-28-13P04:45 RCVD

*L. Espinosa -  
Castello*

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2012 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CITY MIAMI PENSION	501 PALM AVE MIAMI 33010	MUNICIPALITY
DADE COUNTY PUB. SCHOOLS	1450 NE 2ND AVE MIAMI FL	GOVERNMENT

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

NONE

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NONE	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NATIONAL CITY BANK MORTGAGE	155 EAST BROAD ST Columbus OH 43215

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE (required):**

**DATE SIGNED (required):**



8/28/13

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.



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

(1) Luis ESPINOSA  
Name  
(2) 7225 POINCIANA CT  
Address (number and street)  
MIAMI LAKES, FL 33014  
City, State, Zip Code

**OFFICE USE ONLY**  
09-06-13 P04:21 IN  
M. Tejeda-Castillo

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):  
 Candidate (office sought): MAYOR MIAMI LAKES  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 8 / 30 / 13 To 9 / 6 / 13 Report Type SE-1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1,660.00  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 237.85  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1,660.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 237.85

**(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) Luis ESPINOSA  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
X [Signature]  
 Signature

I certify that I have examined this report and it is true, correct, and complete.  
 (Type name) Luis ESPINOSA  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
X [Signature]  
 Signature



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

(1) Name LUIS ESPINOSA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 30 / 13 through 9 / 6 / 13 (4) Page 1 of 1

(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		Amount
8, 29, 13	NATACIA SEIXAS 7475 NW 167 AVE HIALEM, FL 33015	I	RETIRED	CHE			\$100
1							
8, 29, 13	LUIS SIMON 14740 MARINE PL MIAMI LACS, FL 33014	I	FIRE FIGHTER	CHE			\$100
2							
8, 29, 13	HECTOR FOMBO 6945 GLEN EAGLE MIAMI LACS, FL 33014	I	MD	CHE			\$200
3							
8, 30, 13	IVETTE BELLO 7231 BAMBOO ST MIAMI LACS, FL 33014	I	MD	CHE			\$250.
4							
9, 1, 13	ANTHONY SHEVEN 5821 PINE TREE PR. MIAMI BEACH, FL 33140	I	CEO	CHE			\$250
5							
9, 1, 13	ALINA SHRIVER 5821 PINE TREE PR MIAMI BEACH, FL 33140	I	CEO	CHE			\$250
6							
9, 1, 13	EDNA GOMEZ 810 NE 37th PL HIALEAH, FL 33010	I	RETIRED	CHE			\$200
7							
9, 2, 13	ADDYS DIEGUEZ 7220 POINCIANA CT MIAMI LACS, FL 33014	I	OFFICE WORKER	CHE			\$250.
8							



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

(1) Name LUIS ESPINOSA

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

(3) Cover Period 8 / 30 / 13 through 9 / 6 / 13

(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
8 / 29 / 13	Town of Miami Lakes 6601 Main Street MIAMI LAKES, FL 33014	QUALIFYING	CK		\$ 180.
1					
8 / 29 / 13	Town of Miami Lakes 6601 Main Street MIAMI LAKES, FL 33014	QUALIFYING	CK		\$ <sup>45</sup> <del>135.88</del> 137.85
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					



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

(1) Luis ESPINOSA  
Name  
(2) 9225 POINCIANA COURT  
Address (number and street)  
MIAMI LAKES, FL. 33014  
City, State, Zip Code

**OFFICE USE ONLY**  
Recd. 9/20/13  
4:39 PM  
St. Tejada-Castillo

CHECK IF ADDRESS HAS CHANGED

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

**(4) Check appropriate box(es):**

- Candidate (office sought): MAYOR MIAMI LAKES
- 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 9 / 5 / 13 To 9 / 18 / 13 Report Type SE2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 2,450

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

Total Monetary \$ \_\_\_\_\_

In-Kind \$ 2,450

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 2,557.74

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 2,557.74

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 4,110.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 2,295.59

**(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) Luis ESPINOSA

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

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

(Type name) LUIS ESPINOSA

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

**X** [Signature]  
Signature



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

(1) Name LUIS ESPINOSA

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

(3) Cover Period 9/5/13 through 9/18/13

(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
9/6/13	FEDERAL EXPRESS 15241 NW 67 AVE MIAMI LARGES, FL	POSTER	CK		\$ 101.68
1					
9/6/13	ITALY TODAY RESTAURANT 6743 MAIN ST MIAMI LARGES, FL 33014	FUNDRAISER FOOD & ROOM	CK		\$ 1031.25
2					
9/11/13	WELLS FARGO BANK 15615 NW 67 AVE MIAMI LARGES, FL	CHECKS	CK		\$ 6. <sup>00</sup>
3					
9/11/13	US POST OFFICE 1400 W. 84 ST HIALEAH, FL	POSTAGE	CK		\$ 1,104. <sup>00</sup>
4					
9/12/13	COSTCO 15680 NW 59 AVE MIAMI LARGES, FL 33016	FUNDRAISER FOOD	CK		\$ 168.40
5					
9/12/13	COSTCO 15680 NW 59 AVE MIAMI LARGES, FL 33016	FUNDRAISER BEVERAGES	CK		\$ 52.41
6					
9/12/13	HOLIDAY BAKERY 7313 MIAMI LAKEWAY S. MIAMI LARGES, FL 33014	FUNDRAISER FOOD	CK		\$ 43. <sup>00</sup>
7					
9/13/13	US POST OFFICE 1400 W 84 ST HIALEAH, FL 33016	POSTAGE			46. <sup>00</sup>
8					

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

(1) Name LUIS ESPINOSA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 5 / 13 through 9 / 18 / 13 (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							
9, 6, 13 1	RAFAEL SANTANDREU 43 CREST Hollow Ln. SEATINGTOWN, NJ 11507	I	MD	CHE			\$ 100. <sup>00</sup>
9, 12, 13 2	BARRY L. MALEY 5750 ROSE TERR PLANTATION, FL 33317	I	RET.	CHE			\$ 250. <sup>00</sup>
9, 12, 13 3	FRIEDA J. MALEY 5750 ROSE TERR PLANTATION, FL 33317	I	RET	CHE			\$ 250. <sup>00</sup>
9, 12, 13 4	SHARON GONZALEZ 1394 LEANING PINE MIAMI LAKES, FL 33004	I	TEACHER	CHE			\$ 250. <sup>00</sup>
9, 13, 13 5	CARLOS PENEIRA 19921 NW 2ND ST PEMBROKE PINES, FL 33029	I	FIRE FIGHTER	CHE			\$ 50. <sup>00</sup>
9, 13, 13 6	PENNIS RYAN 8110 NW 15TH CT PEMBROKE PINES, FL 33024	I	RET.	CHE			\$ 200. <sup>00</sup>
9, 14, 13 7	MAYLEN MERNANDEZ 19416 SW 65ST PEMBROKE PINES, FL 33332	I	business owner	CHE			\$ 150. <sup>00</sup>
9, 14, 13 8	HUGO RODRIGUEZ 561 E. COAST HIALETH, FL 33013	I	FIRE CHIEF	CHE			\$ 200



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

(1) Name Luis Espinosa (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 5 / 13 through 9 / 18 / 13 (4) Page 2 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	Amendment	Amount
9, 14, 13	STEVE MUNOZ 13814 NW 15 ST Pembroke Pines FL 33028	I	FIRE FIGHTER	CH			\$ 250. <sup>00</sup>
9							
9, 14, 13	HERMINIO LORENZO 7950 NW 1160 ST MIAMI LAKES FL 33016	I	RETIRED	CH			\$ 100. <sup>00</sup>
10							
9, 14, 13	DENNISSE BENICARD 8880 NW 172 RVR MIDDLEBURY, FL 33018	I	SECRETARY	CH			\$ 100. <sup>00</sup>
11							
9, 14, 13	Sylvia Gandamillas 7191 BAMBOO CT MIAMI LAKES, FL 33014	I	ARTIST	CH			\$ 100. <sup>00</sup>
12							
9, 14, 13	ARLENE GOMEZ 8113 NW 158 TERR MIAMI LAKES, FL	I	FINANCIAL COUNSELOR	CH			\$ 100. <sup>00</sup>
13							
9, 14, 13	SAHARA GOMEZ 251 E 8 AVE MIDDLEBURY, FL 33010	I	RETIRED	CH			\$ 100. <sup>00</sup>
14							
9, 14, 13	STEVE DIELMANN 4775 E 4 AVE MIDDLEBURY, FL	I	BUSINESS OWNER	CH			\$ 150. <sup>00</sup>
15							
9, 14, 13	ANTO PEÑA 20321 NW 7 ST Pembroke Pines FL 33029	I	RETIRED	CH			\$ 100. <sup>00</sup>
16							

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

(1) LUIS ESPINOSA  
Name  
(2) 7225 POINCIANA CT  
Address (number and street)  
MIAMI LAKES FL 33014  
City, State, Zip Code

**OFFICE USE ONLY**  
*Received by  
Kiana Szymanski  
9/24/2013 3:25p.m.*

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- Candidate (office sought): MAYOR MIAMI LAKES
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 / 19 / 2013 To 9 / 24 / 2013 Report Type SE-TOML-3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 950.<sup>00</sup>

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

Total Monetary \$ \_\_\_\_\_

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 5,060.<sup>00</sup>

**(10) TOTAL Monetary Expenditures To Date**

\$ 2,795.<sup>59</sup>

**(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) LUIS ESPINOSA

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

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

(Type name) LUIS ESPINOSA

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

**X** [Signature]  
Signature



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

(1) Name Luis Espinosa (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 19 / 2013 through 9 / 24 / 2013 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
9, 24, 13	MARK & KATHLEEN BOGEN	I	RET	CHE			\$250. <sup>00</sup>
1							
9, 24, 13	JOSE & ANITA VAZQUEZ 322 N. MONROE ST MIRAMONTE, MS 02150	I	RET	CHE			\$200. <sup>00</sup>
2							
9, 24, 13	Myle Gonzalez 1351 NE 191ST # 310 NORTH MIAMI BEACH FL. 33179	I	RESTAURANT owner	CHE			\$250. <sup>00</sup>
3							
9, 24, 13	NIGUEL & MILDRED PINO 8295 NW 157TH MIAMI LAKE, FL 33016	I	Business owner	CHE			\$250. <sup>00</sup>
4							
/ /							
/ /							
/ /							
/ /							



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

(1) LUIS ESPINOSA  
Name  
(2) 7225 POINCIANA CT  
Address (number and street)  
MIAMI LAKES FL 33014  
City, State, Zip Code

**OFFICE USE ONLY**  
12/30/2013  
11:15 AM

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): MAYOR - MIAMI LAKES  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 / 26 / 13 To 12 / 30 / 13 Report Type SE-TA-4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 500.00  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 3,675.47  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 3,675.47

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ \$ 5,500.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 5,500.00

**(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) Luis Espinosa  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
**X**  
 Signature [Signature]

I certify that I have examined this report and it is true, correct, and complete.  
 (Type name) Luis Espinosa  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
**X**  
 Signature [Signature]



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

(1) Name LUIS ESPINOSA

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

(3) Cover Period 9/26/13 through 12/30/13

(4) Page 1 of 2

(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
10/1/13	WELLS FARGO BANK 15015 NW 107 AVE MIAMI LAKES, FL 33014	CHECKS	CK		\$ 15.00
1					
10/1/13	G & R. STRATEGIES 9363 FONTAINEBLEU BLVD MIAMI, FL. 33172	DEPT OF ELECTING PHONE LINES DATABASE ORGANIZATION	CK		\$ 600. <sup>00</sup>
2					
10/1/13	G & R. STRATEGIES 9363 FONTAINEBLEU BLVD #1110 MIAMI, FL. 33172	LETTERHEAD ENVELOPES PALM CARDS PRINTING	CK		\$ 556.40
3					
10/1/13	G & R. STRATEGIES 9363 FONTAINEBLEU BLVD MIAMI, FL. 33172	ROBOCALL	CK		\$ 508.62
4					
10/1/13	G & R. STRATEGIES 9363 FONTAINEBLEU BLVD MIAMI, FL 33172	VOTING CARDS PALM CARDS PRINTING	CK		\$ 329.03
5					
10/1/13	G & R. STRATEGIES 9363 FONTAINEBLEU BLVD MIAMI, FL 33172	YARD SIGN	CK		\$ 315.65
6					
10/1/13	G & R. STRATEGIES 9363 FONTAINEBLEU BLVD MIAMI, FL 33172	ROBOCALL	CK		\$ 169.12
7					
10/1/13	G & R. STRATEGIES 9363 FONTAINEBLEU BLVD MIAMI, FL 33172	CELL PHONE	CK		\$ 60. <sup>00</sup>
8					



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

(1) Name LUIS ESPINOSA

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

(3) Cover Period 9 / 26 / 13 through 12 / 30 / 13

(4) Page 2 of 2

(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					
10/7/13	MIAMI LAKES SPORTING 6801 MAIN ST MIAMI LAKES, FL 33014	CAMPAIGN SHIRT LOGO	CK		\$ 48.81
9					
10/9/13	ESPINOSA, LUIS 7225 POINCIANA CT MIAMI LAKES, FL 33014	REIMBURSE OF CAMPAIGN EXPENSES RECEIPTS	CK		275.41
10					
10/9/13	PIMENTOS 16403 NW. 67 AVE MIAMI LAKES, FL 33014	VOLUNTEER SUPPORT	CK		\$ 39.26
11					
10/15/13	ESPINOSA, BERTHA 7225 POINCIANA CT MIAMI LAKES, FL 33014	REIMBURSE OF CAMPAIGN EXPENSES RECEIPTS	CK		\$ 124.52
12					
12/24/13	ESPINOSA, LUIS 7225 POINCIANA CT	REIMBURSE CONSTANT CONTACT	CK		\$ 108. <sup>00</sup>
13					
12/30/13	TOWN OF MIAMI LAKES 6801 MAIN ST MIAMI LAKES, FL 33014	DONATION OF EXPENSES	CK		\$ 525. <sup>00</sup>
14					
/ /					
/ /					



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

(1) Name LUIS ESPINOSA (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 26 / 13 through 12 / 30 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
10, 9, 13	ALEX GRAY 4835 Cornell Ave BETHESDA, MD 20814	I	FINANCIE	CHK			\$200. <sup>00</sup>
1							
10, 9, 13	AL Bello 14171 Creamy Pine Miami, FL 33014	I	RETIRED	CHK			\$200. <sup>00</sup>
2							
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