

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

(1) Luis H. Prada  
Name  
(2) 1410 S. Ocean Dr 1604  
Address (number and street)  
Hollywood Fl. 33019  
City, State, Zip Code

OFFICE USE ONLY

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  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 01/25/2008 To 04/28/2008 Report Type TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

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

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

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 880<sup>00</sup>

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

Total Monetary \$ 880<sup>00</sup>

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

(9) TOTAL Monetary Contributions To Date  
\$ 2400

(10) TOTAL Monetary Expenditures To Date  
\$ 2400<sup>00</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) Kathleen P. Prada  
 Individual (only for electioneering communication)  Treasurer  Deputy Treasurer

Kathleen P. Prada  
Signature

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

(Type name) Luis H. Prada  
 Candidate  Chairperson (only for PC, PTY & electioneering communication organization)

Luis H. Prada  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 01, 25, 2008 through 04, 28, 2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

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

(3) Cover Period 01/25/2008 through 04/28/2008 (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					
2/11/08	BANK OF AMERICA P.O. Box 25118 Tampa FL 33622	BANK CHARGES	MOV	-	68 <sup>00</sup> / <sub>100</sub>
1					
2/11/08	Luis H. PRADA 1410 S. Ocean Dr W409 Hollywood FL 33049	REPAYMENT OF LOAN	MOV	-	812 <sup>00</sup> / <sub>100</sub>
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					