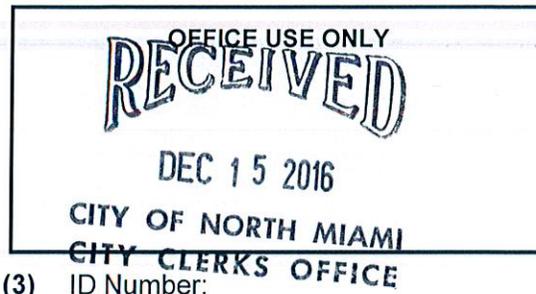


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) WANCITO FRANCIUS  
 Name  
 (2) 13770 NE 3RD CT BLDG 4 UNIT 302  
 Address (number and street)  
NORTH MIAMI, FL 33161  
 City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):  
 Candidate Office Sought: NORTH MIAMI COUNCILMAN, DISTRICT 3  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded  
 Party Executive Committee (PTY)  Check here if PTY has disbanded  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 01 / 01 / 16 To 01 / 31 / 16 Report Type: \_\_\_\_\_

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00  
 Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00  
 In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 200 . 00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00  
 Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 59 . 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) WANCITO FRANCIUS  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X  
 Signature

(Type name) WANCITO FRANCIUS  
 Candidate  Chairperson (only for PC and PTY)

X  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name WANCITO FRANCIUS (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 01 / 16 through 01 / 31 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
01 / 14 / 16 1	GUILLAUME NOUNOUNE 180 NW 71 STREET MIAMI, FL 33150	I		MON	CAS	DEL	200.00
01 / 14 / 16 2	GUILLAUME NOUNOUNE 180 NW 71 STREET MIAMI, FL 33150	I	OFFICE WORK	INK	SUPPLIES	ADD	200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

