

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

(1) Carlos Alvarez
Name
(2) 95 Merrick Way
Address (number and street)
Coral Gables, Fl 33134
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1017881]
Submitted on:
4/19/2010 15:21:09 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 593

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

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 11/24/2008 Report Type TR-F0
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 2,890.00
 Loans \$ 0.00
 Total Monetary \$ 2,890.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,890.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 2,890.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 869,376.20

(10) TOTAL Monetary Expenditures To Date
 \$ 869,376.20

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carlos Alvarez (2) I.D. Number 593

8/22/2008 through 11/24/2008

(3) Cover Period / / through / / (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 Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
2/26/2010 / /	WSVN 7, 1401 79 ST CAUSEWAY MIAMI, FL 33141	B	advertisin g refund	RE		Add	\$2,890.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Carlos Alvarez

(2) I.D. Number 593

(3) Cover Period 8/22/2008 through 11/24/2008

(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
3/9/2010 / /	LIGA CONTRA EL CANCER, 2180 SW 12 AVENUE MIAMI, FL 33129	charitable contribution	MO	Add	\$2,890.00
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