

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

(1) Bruno Barreiro
Name
(2) 2101 SW 4th Avenue
Address (number and street)
Miami, FL 33129
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 597

(4) Check appropriate box(es):

- Candidate (office sought): County Commission 05
- 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 7/19/2008 To 8/1/2008 / Report Type F2-08

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 266,594.32

(10) TOTAL Monetary Expenditures To Date

\$ 266,619.32

(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.

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(Type name) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bruno Barreiro (2) I.D. Number 597

7/19/2008 through 8/1/2008

(3) Cover Period / / through / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bruno Barreiro

(2) I.D. Number 597

(3) Cover Period 7/19/2008 through 8/1/2008

(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					
7/29/2008 //	Toledo, Christie Marie 9901 SW 5th Street Circle Miami, FL 331740000	reimburse ment	MO	Delete	\$33.13
1					
7/29/2008 //	Toledo, Christie Marie 9901 SW 5th Street Circle Miami, FL 331740000	reimburse ment for office supplies	MO	Add	\$33.13
2					
//					
//					
//					
//					
//					