

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carlos Pereira  
 Name  
 (2) 4500 NW 99 Ct; Apt 201  
 Address (number and street)  
Doral, FL 33178  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1105086]  
 Submitted on:  
 5/10/2016 12:19:30 (eastern)

Check here if address has changed

(3) ID Number: 22

(4) Check appropriate box(es):

- Candidate Office Sought: Council Seat 1
- 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 4 / 1 / 2016 To 4 / 30 / 2016 Report Type: M04

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 300 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 300 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 103 . 78

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 103 . 78

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 825 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 131 . 41

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carlos Pereira (2) I.D. Number 22

(3) Cover Period 4/1/2016 through 4/30/2016 (4) Page 1 of 1

| (5)<br>Date     | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |         | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-----------------|--|---------------------------------------|---------|-----------------------------|--------------------------------|-------------------|----------------|
| 4/4/2016<br>/ / | Nieves, Sam<br>5600 Collins Ave<br>Apt 12Y<br>Miami Beach, FL 33140                            | I                                     | retired | CH                          |                                |                   | \$300.00       |
| 1               |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |
| / /             |  |                                       |         |                             |                                |                   |                |

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

(1) Name Carlos Pereira

(2) I.D. Number 22

(3) Cover Period 4/1/2016 through 4/30/2016

(4) Page 1 of 1

| (5)<br>Date          | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|----------------------|--|--|----------------------------|-------------------|----------------|
| 4/21/2016<br>//<br>1 | Compubargain,<br>2040 NE 173 Street<br>210<br>NMB, Fl 33162                                    | business cards   | MO                         |                   | \$42.80        |
| 4/1/2016<br>//<br>2  | Office Depot,<br>Miami Beach   | business cards   | MO                         |                   | \$18.18        |
| 4/21/2016<br>//<br>3 | Compubargain,<br>2040 NE 173 Street<br>210<br>NMB, Fl 33162                                    | business cards   | MO                         |                   | \$42.80        |
| //                   |  |  |                            |                   |                |
| //                   |  |  |                            |                   |                |
| //                   |  |  |                            |                   |                |
| //                   |  |  |                            |                   |                |
| //                   |  |  |                            |                   |                |