CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	(PAC) Coral Gables First	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	2121 Ponce de Leon Blvd.; 11th Floor	Submitted on:				
	Address (number and street)	10/14/2016 11:09:35 (eastern)				
	Coral Gables, FL 33134  City, State, Zip Code					
	_	(2) 17 11				
	Check here if address has changed	(3) ID Number:1991				
(4)	Check appropriate box(es):					
	Candidate Office Sought:					
	<ul><li>☒ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded				
	Party Executive Committee (PTY)	Check here if PTY has disbanded				
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)					
	(5) Report	dentifiers				
Cove	er Period: From $10 / 1 / 2016$ To					
		ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
(0)	Contributions This Report					
Cash & Checks \$ , 1,000.00		Monetary Expenditures \$ , , 0 . 00				
Casi	1 & Checks					
Loar	ns \$ , , 0.00	Transfers to				
		Office Account \$ , , 0 . 00				
Tota	I Monetary \$ , 1,000.00					
		Total Monetary \$ , , 0 . 00				
In-Ki	ind \$,,,000					
		(8) Other Distributions				
		\$,,, <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(0)	\$,1 ,00000_	\$ , , 0.00				
	· , <u></u> , <u> </u>	, , ,				
		tification				
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)				
lo	certify that I have examined this report and it is true, corr	rect, and complete:				
(T	ype name)	(Type name)				
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)				
or	orocaoniconing commi.)					
X		x				
Si	gnature	Signature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	(PAC) Coral Gables	First		(2) I.D. Number		
	10/1/2016 d////		10/7/2016	(4) Page	1	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Type Occupation	SUSTRICT CONTRACTOR STATES	Description	Amendment	Amount
I 0 / 1 / 2 0 1 5	Bermello Ajamil & Partners Inc,	B architect				\$1,000.
1	Oth Floor Miami, FL 33133					
1 1						
1 1						
1 1						
j j						
1 1						
1 1						
, ,						

Name (FAC	) Coral Gables	(2) I.D. Numbe	ZED EXPENDITURES (2) I.D. Number 199			
Cover Period	10/1/2016	through	/7/2016 //	(4) Page <u>1</u>	of	0
(5) Date	(7 Full N	ıme	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, Street Ac City, State		(add office soug contribution to candidate)	ht if Expenditure Type	Amendment	Amount
//						
//						
//						
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