

## CAMPAIGN TREASURER'S REPORT SUMMARY

**(1) A STRONGER MIAMI**

Name \_\_\_\_\_  
 Address (number and street) \_\_\_\_\_  
 2600 S DOUGLAS ROAD #900  
 CORAL GABLES, FL 33134  
 City, State, Zip Code \_\_\_\_\_

Check here if address has changed

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

**(4) Check appropriate box(es):**

- |  |  |
|--|--|
| <input type="checkbox"/> Candidate Office Sought: _____  | <input type="checkbox"/> Check here if PC or ECO has disbanded                 |
| <input checked="" type="checkbox"/> Political Committee (PC)   | <input type="checkbox"/> Check here if PTY has disbanded                       |
| <input type="checkbox"/> Electioneering Communications Org. (ECO)  | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY)   |  |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) |  |

**(5) Report Identifiers**

Cover Period: From 06 / 01 / 2017 To 06 / 30 / 2017 Report Type: M6-17

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks	\$ _____ , _____ , <u>0</u> . <u>00</u>
Loans	\$ _____ , _____ , <u>0</u> . <u>00</u>
Total Monetary	\$ _____ , _____ , <u>0</u> . <u>00</u>
In-Kind	\$ _____ , _____ , <u>0</u> . <u>00</u>

**(7) Expenditures This Report**

Monetary Expenditures	\$ _____ , <u>2</u> , <u>000</u> . <u>00</u>
Transfers to Office Account	\$ _____ , _____ , <u>0</u> . <u>00</u>
Total Monetary	\$ _____ , <u>2</u> , <u>000</u> . <u>00</u>

**(8) Other Distributions**

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

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 10 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**


\$ \_\_\_\_\_ , 2 , 102 . 27

**(11) Certification**

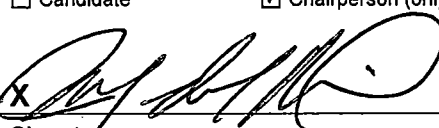
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) JOSE A. RIESCO, CPA  
 Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X   
 Signature

(Type name) MIGUEL DEL RIVERO  
 Candidate     Chairperson (only for PC and PTY)

X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name A STORNGER MIAMI (2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 / 01 / 2017 through 06 / 30 / 2017 (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) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name A STORNGER MIAMI

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 / 01 / 2017 through 06 / 30 / 2017

(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					
06 / 23 / 2017 1	ZAIDA NUNEZ 13206 NW 8 TERRACE MIAMI, FL 33182	POLITICAL CONSULTING	MON		2000.00
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