FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS					
CAMPAIGN TREASURER'S REPORT SUMMARY CEIVED					
(1) RALPH ROSADO CAMPAIGN	OFFICELUSE ONLY AM 8: 12				
Name	OFFICE OF THE				
(2) <u>1800 CORAL WAY PO BOX 452521</u>	OFFICE OF THE CITY CLERK				
Address (number and street)	instru. FL				
MIAMI, FL 33245 City, State, Zip Code					
Check her if address has shanged					
(4) Check appropriate box(es):	(3) I.D. Number: <u>00000</u>				
X Candidate (office sought):City of Miami, Commission	per District A				
Bolitical Committee					
Committee of Continuous Existence	eck if PC has DISBANDED				
	eck if CCE has DISBANDED				
Electioneering Communication Che	eck if no other electioneering communication reports will be filed				
(5) REPORT	DENTIFIERS				
Cover Period: From 01/01/2014 To 01/31/2014	Report Type:M1				
X Original Amendment Special Election Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Caph & Chapta \$3.28	Monetary Expenditures\$30.00				
Cash & Checks	Transfers to Office				
Loans\$0.00	Account \$0.00				
Total Monetary\$3.28	Total Monetary\$30.00				
In-Kind\$0.00	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date				
\$164,977.97	\$87,619.91				
(11) CERT	IFICATION				
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 I certify that I have examined this report and it is true, correct and complete					
Jose A. Riesco	Ralph Rosado				
Individual (only for electioneering X Candidate					
commun.)					
X	× prompting				
Signature					
This form is based on DS-DE 12 (Rev. 08/04)	Adjutant Software, Inc Campaign ToolBox				

2

\$

.

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	RALPH ROSADO CAMPAIGN (2) I.D. Number 00000						
(3) Cover Perio	od 01/01/2014 - 01/31/2014	(4) Page 1 of 1					
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)	Co	ntributor		In-kind		
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	Description	Amendment	Amount
01/31/2014	CHASE PO Box 659754	В	Interest Earned	INT			\$ 3.28
	SAN ANTONIO, TX 78265-0000		Laneu				
1							
				_			
2							
						13	
						2011 0FF	
				_	2	FE	RE
					- 	BI8	CE
						FEB 18 AM 8: 12	RECEIVED
						TYCO	0
						LEN	

This form is based on DS-DE 13 (Rev. 08/03)

CERTIFIED MAIL RETURN RECEIPT #7011 0110 0000 7197 9176

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	RALPH ROSADO CAMPAIGN		(2) I.D. Number	00000	
(3) Cover Perio	od 01/01/2014 - 01/31/2014		(4) Page	1 of 1	
(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01/08/2014	MAILCHIMP 512 MEANS ST, STE 404 ATLANTA, GA 30318-0000	CAMPAIGN EMAIL	MON		\$ 30.00
1					
-					
					25
				OFFICE OF THE CITY	REC'
				FIELDIN	RECEIVED
				FLERM	3:12
					4

This form is based on DS-DE 14 (Rev. 08/03)

CERTIFIED MAIL RETURN RECEIPT #7011 0110 0000 7197 9176

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

Ŷ

(1) Name RALPH ROSADO CAMPAIGN			(2) I.D. Number	00000	
(3) Cover Period 01/01/2014 - 01/31/2014			(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Related Expenditures	Amendment	Amount
			_		
	Nothing to report on the second secon	his form			
					_
				05	2011
				DEFICEO	2014 FEB 18 AM 8: 12
				OF MI	8 EIV
				IAM	ME
				FL	3: 12
					7
				*	

This form is based on DS-DE 14A (Rev. 08/03) [Note about Committees has been removed.]

Adjutant Software, Inc. - Campaign ToolBox

CERTIFIED MAIL RETURN RECEIPT #7011 0110 0000 7197 9176

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name RALPH ROSADO CAMPAIGN			(2) I.D. Number	00000	
(3) Cover Period 01/01/2014 - 01/31/2014			(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount
	Nothing to report on the	s form			
				OFFICE	2014 FE
				OF THE CITY CLE	RECEIVED TEB 18 AM 8: 1
				使	N

This form is based on DS-DE 94 (Rev. 08/03)

. *

CERTIFIED MAIL RETURN RECEIPT #7011 0110 0000 7197 9176

ESCO & COMPANY, LLC PA'S & CONSULTANTS Merrick Way, Suite 250 Ioral Gables, FL 33134

2014 FEB 14 AM 10: 48





ATTN: DWIGHT DANIE CITY CLERK, CITY OF MIAMI 3500 PAN AMERICAN DRIVE P.O.BOX 330708 MIAMI, FL 33233-0708

□ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

ATTN: DWIGHT DANIE CITY CLERK, CITY OF MIAMI 3500 PAN AMERICAN DRIVE P.O.BOX 330708 MIAMI, FL 33233-0708

COMPLETE THIS SECTION ON D	ELIVERY
A. Signature	Agent Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from If YES, enter delivery address be M1-14	and the second se
	fail Express™ ecelpt for Merchandise n Deliverv

4. Restricted Delivery? (Extra Fee)

2 Article Number