| CAMPAIGN TREASURER'S REPORT SUMMARYEIVED | | | | | |
|--|--|--|--|--|--|
| (1) RALPH ROSADO CAMPAIGN | Zloknice usedonicy 2: 14 | | | | |
| Name (2) 1800 CORAL WAY PO BOX 452521 Address (number and street) | OFFICE OF THE CITY CLERK CITY OF MIAMLEL | | | | |
| MIAMI, FL 33245 City, State, Zip Code | | | | | |
| Check here if address has changed | (0) | | | | |
| (4) Check appropriate box(es): | (3) I.D. Number: <u>00000</u> | | | | |
| X Candidate (office sought): City of Miami, Commission | er District 4 | | | | |
| Political Committee (PC) | ck here if PC or ECO has disbanded | | | | |
| Electioneering Communications Org. (ECO) | ck here if PTY has disbanded | | | | |
| Party Executive Committee (PTT) | ck here if no other IE or EC reports will be filed | | | | |
| individual making electioneering communications) | | | | | |
| (5) REPORT I | DENTIFIERS | | | | |
| Cover Period: From 12/01/2014 To 12/31/2014 | Report Type: M12 | | | | |
| X Original Amendment Special Elect | ion Report | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | |
| Cash & Checks\$2.10 | Monetary Expenditures \$30.00 | | | | |
| Loans \$0.00 | Transfers to Office Account \$0.00 | | | | |
| Total Monetary \$2.10 | 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 | | | | |
| \$165,001.53 | \$88,120.82 | | | | |
| (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: | | | | | |
| restrict that there examined the report and the flact deficition of the series and complete. | | | | | |
| Jose A. Riesco | Ralph Rosado | | | | |
| Individual (only for IE or electioneering communa) | X Candidate Chairman (only for PC and PTY) | | | | |
| X A | x helphan | | | | |
| Signature | Signature | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | RALPH ROSADO CAMPAIGN | | | (2) I.D. | Number | 00000 | |
|-----------------------------------|--|-------------|-------------------------|----------------------|------------------------|----------------------|----------------|
| (3) Cover Perio | od 12/01/2014 - 12/31/2014 | | | (4) Pag | je | 1 of 1 | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zlp Code | Со: Туре | ntributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 12/31/2014 | CHASE PO Box 659754 SAN ANTONIO, TX 78265-0000 | В | Interest Earned | INT | | | \$ 2.10 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name | RALPH ROSADO CAMPAIGN | | (2) I.D. Number | 00000 | |
|--------------------------|---|--|---------------------|--------------------------|-----------------|
| (3) Cover Perio | od 12/01/2014 - 12/31/2014 | - | (4) Page | 1 of 1 | |
| (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) | Expenditure Type | Amendment | Amount |
| 12/08/2014 | MAILCHIMP 512 MEANS ST, STE 404 ATLANTA, GA 30318-0000 | CAMPAIGN EMAIL | MON | | \$ 30.00 |
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| 11. \$ | | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

| (1) Name | RALPH ROSADO CAMPAIGN | | (2) I.D. Number | 00000 | |
|-----------------------------------|---|--|-------------------------|----------------------|----------|
| (3) Cover Perio | od 12/01/2014 - 12/31/2014 | | (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 | his form | | | |
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

| (1) Name | RALPH ROSADO CAMPAIGN | | (2) I.D. Number | 00000 | |
|--------------------------|---|------------------|----------------------|--------------|----------|
| (3) Cover Perio | od 12/01/2014 - 12/31/2014 | | (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 thi | s form | | | |
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