

CAMPAIGN TREASURER'S REPORT SUMMARY

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

(1) A STRONGER MIAMI
 Name
 (2) 2600 S DOUGLAS ROAD #900
 Address (number and street)
CORAL GABLES, FL 33134
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

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

(5) Report Identifiers

Cover Period: From 05 / 01 / 17 To 05 / 31 / 17 Report Type: M5-17

Original
 Amendment
 Special Election Report

(6) Contributions This Report

| | | | | | | | | |
|----------------|----|-------|---|-------|---|---|---|----|
| Cash & Checks | \$ | _____ | , | _____ | , | 0 | . | 00 |
| Loans | \$ | _____ | , | _____ | , | 0 | . | 00 |
| Total Monetary | \$ | _____ | , | _____ | , | 0 | . | 00 |
| In-Kind | \$ | _____ | , | _____ | , | 0 | . | 00 |

(7) Expenditures This Report

| | | | | | | | | |
|-----------------------------|----|-------|---|-------|---|-----|---|----|
| Monetary Expenditures | \$ | _____ | , | _____ | , | 102 | . | 27 |
| Transfers to Office Account | \$ | _____ | , | _____ | , | 0 | . | 00 |
| Total Monetary | \$ | _____ | , | _____ | , | 102 | . | 27 |

(8) Other Distributions

\$ _____, _____, 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____, 10, 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 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 05 / 01 / 2017 through 05 / 31 / 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 Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name A STRONGER MIAMI

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2017 through 05 / 31 / 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 | | | | | |
| 05 / 02 / 17 1 | SUNTRUST BANK 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 | BANK FEES - CHECK ORDER | MON | | 102.27 |
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