CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Zoraida A. Barreiro Campaign Name (2) 2101 SW 4 Avenue Address (number and street) Miami, FL 33129 City, State, Zip Code	OFFICE USE ONLY  2017 JUL 10  CITY OF ME				
Check here if address has changed  (4) Check appropriate box(es):  X Candidate (office sought): City of Miami Commissioner, District 3  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)  (3) I.D. Number: 00000 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z					
(5) REPORT IDENTIFIERS  Cover Period: From 04/01/2017 To 04/30/2017 Report Type: M4  Original X Amendment Special Election Report					
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$15,300.00  Loans \$0,00  Total Monetary \$15,300.00	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$2,880.00  Transfers to Office Account \$0.00  Total Monetary \$2,880.00				
(9) TOTAL Monetary Contributions to Date	(8) Other Distributions \$0.00  (10) TOTAL Monetary Expenditures to Date				
\$108,603.00	\$10,855,21				
(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:  Zoraida A. Barreiro  Zoraida A. Barreiro  Individual (only for IE or Selectioneering remnue)  X  Candidate  Chairman (only for PC and PTY)					
This form is based on DS-DE.12 (Rev. 11/13)	Signature  Adjutant Workshop, Inc Campaign ToolBox				

FIRST AMENDMENT
TO REPORT FOR PERIOD

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

(1) Name	Zoraida A. Barreiro Campaign			(2) I.D.	Number	00000	
(3) Cover Perio	od 04/01/2017 - 04/30/2017			(4) Pag	ge <u></u>	1 of 1	
(5)	(7)		.(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Cor Type	ntributor Occupation	Contribution Type	In-kind Description	Amendmen	t Amount
04/13/2017	Cuban Crafters MIA L.L.C. 3175 SW 8th St. Miami, FL 33135-0000	В	Distributi on	CHE		ADÖ	\$ 1000.00
15							
04/13/2017	Gutierrez and Associates Corp 3175 SW 8th Street Miami, FL 33135-0000	B <sup>.</sup>	Public Relations Services	CHE	].	ADD	-\$ 1000.00
16		·					
04/13/2017	Gutierrez Properties LLC 3175 SW 8th St Miami, FL 33135-0000	В	Real Estate	CHE		ADD	\$ 1000.00
17							
04/13/2017	H & R Paving, Inc 1955 NW 110th Ave. Miami, FL 33172-0000	ß	Paving and Escavatio	CHE		ADD	\$ 1000.00
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	FIRST AMENDMENT TO REPORT FOR PERIOD						
	FROM 4 1 17 TO 4 30 17	Ì.					

Adjulant Workshop, Inc. - Campaign ToolBox

This form is based on DS-DE 13 (Rev. 11/13).

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name	Zoraida A. Barreiro Campaign		(2) I.D. Number	00000	
(3) Cover Peri	od 04/01/2017 - 04/30/2017		(4) Page	1 of 1	
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middte) Street Address & City, State. Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
04/03/2017	Dark Horse Strategies 3663 SW 8th Street Miami, FL 33135-0000	Consulting	. MON (	ADD	\$ 2350.00
1					
04/24/2017	US Postal Service 500 NW 2nd Avenue Miami, FL 33101-0000	Postage	MON	ADD	\$ 170.00
2					
04/25/2017	US Postal Service 500 NW 2nd Avenue Miami, FL 33101-0000	Postage	MON	ADD	\$ 340.00
3					
04/26/2017	Miami-Dade County Elections Department 2700 NW 87th Ave # 100	Voter Data	MON	ADD	\$ 20.00
4	Doral, FL 33172-0000				
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	FIRST AMENDMENT TO REPORT FOR PERIOD FROM 4 1 17 TO 4 30 17				

## CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name	Zoraida A. Barreiro Campaign		(2) I.D. Number	00000	
(3) Cover Perio	od 04/01/2017 - 04/30/2017		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (A)	Full Name (Last, Suffix, First, Middle)	Purpose			
(6) Sequence Number	Sireet Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Related Expenditures	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS**

(1) Name	Zoraida A. Barreiro Campaign		(2) I.D. Number	00000	
(3) Cover Perio	od 04/01/2017 - 04/30/2017		(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 th	s form			
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