

# CAMPAIGN TREASURER'S REPORT SUMMARY

**(1)** Alex Dominguez Campaign

Name

**(2)** 521 SW 23 Road

Address (number and street)

Miami, FL 33129

City, State, Zip Code

Check here if address has changed

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

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

Candidate Office Sought: City of Miami Commissioner District 3

Political Committee (PC)

Electioneering Communications Org. (ECO)

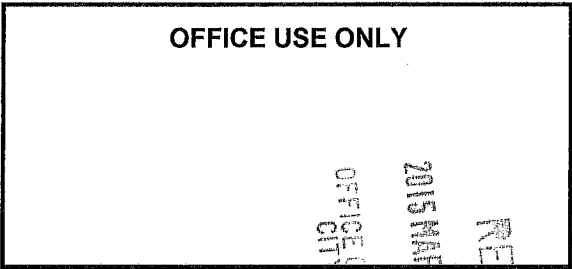
Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

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 2 / 1 / 15 To 2 / 28 / 15 Report Type: M2

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 700 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 700 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 0 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Transfers to Office Account \$ 0 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ 0 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 700 . 00

### (10) TOTAL Monetary Expenditures To Date

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

### (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) Alex Dominguez

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X**   
Signature

(Type name) Alex Dominguez

Candidate  Chairperson (only for PC and PTY)

**X**   
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Alex Dominguez Campaign (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 01 / 15 through 02 / 28 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
02 / 13 / 15	Dominguez, Alex 521 SW 23 Road Miami, FL 33129	S	Pharma Execu	CHE			\$500
1							
02 / 19 / 15	Dominguez, Alex 521 SW 23 Road Miami, FL 33129	S	Pharma Execu	CHE			\$200
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

RECEIVED  
 2015 MAR -3 PM 3:47  
 OFFICE OF THE CITY CLERK  
 CITY OF MIAMI

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alex Dominguez Campaign

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

(3) Cover Period 02 / 01 / 15 through 02 / 28 / 15

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

RECEIVED  
 2015 MAR -3 PM 3:17  
 OFFICE OF THE CITY CLERK  
 CITY OF MIAMI, FL

**CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

(1) Name Alex Dominguez Campaign (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2 / 1 / 15 through 2 / 28 / 15 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
/ /		Nothing to report on this form					
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

RECEIVED  
 2015 MAR -3 PM 3:47  
 OFFICE OF THE CITY CLERK  
 CITY OF MIAMI, FL

**CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS**

(1) Name Alex Dominguez

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

(3) Cover Period 2/1/13 through 2/28/15

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
///					
///	Nothing to report on this form.				
///					
///					
///					
///					
///					
///					
///					

RECEIVED  
 2015 MAR -9 PM 3:17  
 OFFICE OF THE CITY CLERK  
 CITY OF MIAMI, FL