CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Alex Dominguez Campaign	OFF(CE USE ONLY					
(2)	Name 521 SW 23 Road	2015 JUN -2 PM 1:52					
(2)	Address (number and street)						
	Miami, Florida 33129	OFFICE OF THE CITY CLEASE CITY OF MIAMLEL					
	City, State, Zip Code						
(4)	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					
Cove	er Period: From 05 / 01 / 15 To	05 / 31 / 15 Report Type: M5					
 ✓ 0	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casł	n & Checks \$, ,	Monetary Expenditures \$, , 17 . 00					
Loar	s , <u>300</u> . <u>00</u>	Transfers to Office Account \$, , .					
Tota	l Monetary \$, , <u>300</u> . <u>00</u>	Total Monetary \$, 17. 00					
In-Ki	nd \$,,						
		(8) Other Distributions \$,					
(9)	TOTAL Monetary Contributions To Date \$,1 ,80000	(10) TOTAL Monetary Expenditures To Date \$,,1700					
(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 (Type name) Alex Dominguez							
	ype name) AICA DONTHINGUEZ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer	(Type name) AICA DOTTITIGUEZ ☑ Candidate ☐ Chairperson (only for PC and PTY)					
	electioneering comm.)	4 Marian and Marian an					
_X	Alup 1/m	x Aly 1/2					
	gnature	Signature					
DS-DI	E 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	x Dominguez Campaign (2) I.D. Number						
(3) Cover Period	05 / 01 / 15	throu	gh/	31 / 15	(4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
05 31 15	Dominguez, Alex 521 SW 23 Road Miami, Fl 33129	LOA	Pharmaceutic	СНЕ			\$300
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1 1							
1 1						7110 2017 2017 2017 2017 2017	
/ /						THANK CITY CELL	

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

3) Cover Perio	d $\frac{05}{}$ / $\frac{01}{}$ / $\frac{15}{}$ through $\frac{05}{}$	/ 31 / 15	4) Page	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) Expenditure Type	(10)	(11)
5 /08 / 15	Citibank 1600 Coral Way Miami, Fl 33145	Bank Fees	MON		\$17
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/ /					
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/ /				OFFICE OF THE CALL OLL	N-2 PM 1:5
/ /			***************************************	53	70

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Alex Dominguez Campaign (2) I.D. Number						
(3) Cover Perio	od 05 / 01 / 15 through 05 /	(4) Page	of 1			
(5) Date (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11)	
/ /	NOTHING TO REPORT ON THIS FORM					
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/ /				OF CITY CITY CITY CITY CITY CITY CITY CITY	4 A A A A A A A A A A A A A A A A A A A	
/ /					N	

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Alex Dominguez Campaign (2) I.D. Number						
(3) Cov	er Period 05 / 01/	15 through 05	/ 31 / 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
1 1	NOTHING TO REPORT ON THIS FORM					
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