

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alex Dominguez Campaign

Name

(2) 521 SW 23 Road

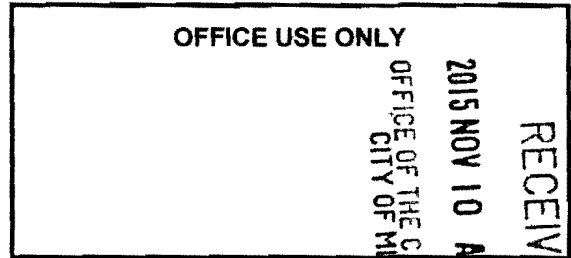
Address (number and street)

Miami, Florida 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 10 / 01 / 15 To 10 / 31 / 15 Report Type: M10

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 0

Loans \$ _____ , _____ , 200 . 00

Total Monetary \$ _____ , _____ , 200 . 00

In-Kind \$ _____ , _____ , _____ . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 17 . 00

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

Total Monetary \$ _____ , _____ , ~~37~~ . ~~95~~ 17 . 00 *AD*

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 605 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 129 . 20

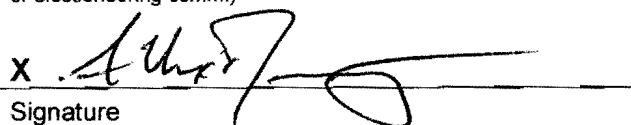
(11) Certification

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 (2) I.D. Number _____

(3) Cover Period 10 / 01 / 15 through 10 / 31 / 15 (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				
10 / 31 / 15 1	Dominguez, Alex 521 SW 23 Road Miami, FL 33129	S	Pharm Rep	LOA			\$200
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alex Dominguez

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 15 through 10 / 31 / 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					
10 / 6 / 15	Dominguez, Alex 521 SW 23 Road miami, Fl 33129	Bank Fees	MON		\$17
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Alex Dominguez Campaign

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 15 through 10 / 31 / 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				
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 10 / 01 / 15 through 10 / 31 / 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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /		Nothing to Report on this Form				
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