

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

OFFICE USE ONLY

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 CITY OF MIAMI

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) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 01 / 15 To 11 / 30 / 15 Report Type: M11

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 395 . 00

Total Monetary \$ _____ , _____ , 395 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 17 . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , 17 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 146 . 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:

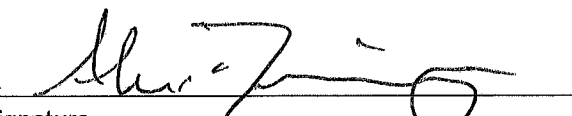
(Type name) Alex Dominguez

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 Camapign (2) I.D. Number _____

(3) Cover Period 11 / 01 / 15 through 11 / 30 / 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 | | Type | Occupation | Type | Description | | |
| 11 / 30 / 15 1 | Dominguez, Alex 521 SW 23 Road miami, Fl 33129 | S | Pharma Rep | LOA | | | \$395 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Alex Dominguez Camapaign

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 15 through 11 / 30 / 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 | | | | | |
| 11 / 8 / 15 | Citibank 1600 Coral Way Miami, Fl 33145 | 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 11 / 01 / 15 through 11 / 30 / 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 Camapaigh (2) I.D. Number _____

(3) Cover Period 11 / 01 / 15 through 11 / 30 / 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 PAGE | | | | | |
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