

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Roly Mora  
Name  
(2) 801 NW 41 Ave  
Address (number and street)  
Miami, FL 33106  
City, State, Zip Code

**RECEIVED**  
OFFICE USE ONLY  
2007 APR 10 PM 1:41  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

CHECK IF ADDRESS HAS CHANGED (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): Commonwealth District #1  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/1/07 To 3/31/07 Report Type Q1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \$2,100  
 Loans \$ 0  
 Total Monetary \$ 2,100  
 In-Kind \$ 0

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \$590.07  
 Transfers to Office Account \$ 0  
 Total Monetary \$ 2,100 <sup>Full Error</sup>  
\$590.07

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date  
 \$ \$2,100

(10) TOTAL Monetary Expenditures To Date  
 \$ 2,100 <sup>Full Error</sup>  
\$590.07

**(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) Roly Mora  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
Roly Mora  
**X**  
 Signature

I certify that I have examined this report and it is true, correct, and complete.  
 (Type name) Roly Mora  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
Roly Mora  
**X**  
 Signature

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

(1) Name Roly More Campaign (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 1/1/07 through 3/31/07 (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		
01/19/07 # 1	Miami-Dade Ambulance Service Miami, FL 33144	B	Medical Ambulance service	CHE	/	/	\$500.00
1/29/07 # 2	De La Vega, D 3200 SW 128 Ave Miami, FL 33175	I	physician MD.	CHE	/	/	\$500.00
2/28/07 # 3	Luis Fernandez 2250 SW 3rd Ave # 303 Miami, FL 33129	I	attorney	CHE	/	/	\$100.00
3/14/07 # 4	Continuous Home care services Inc. B 1401 W. Flagler St #206 Miami, FL 33135	B	Health care company	CHE	/	/	\$500.00
3/14/07 # 5	Alberto Milian 4000 Ponce de Leon suite # 470 Coral Gables, FL 33146	I	Attorney	CHE	/	/	\$500.00
/ /							
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CITY OF MIAMI, FL

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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Roly Mares

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

(3) Cover Period 1/1/07 through 3/31/07

(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
2/26/07	6 Lamore Shots Inc 12801 W. Sunrise Blvd Sunrise, FL 33323	photor	CHE		\$590.07
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