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

OFFICE USE ONLY  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

(1) RAY "AMBASSADOR" CANTUO  
Name COMMISSIONER DIST 2  
(2) S. PETER CAPUA LAW OFFICES  
Address (number and street) 66 W. FLAGLER ST. MIAMI, FL 33130  
City, State, Zip Code

(3) ID Number: 74

CHECK IF ADDRESS HAS CHANGED  
(4) Check appropriate box(es):  
 Candidate (office sought): CITY OF MIAMI, DISTRICT 2  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication  
 CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
02-01-07 WHICH

(5) REPORT IDENTIFIERS

Cover Period: From 09/29/07 To 10/12/07 Report Type @ 2  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT  
Cash & Checks \$ 2,150  
Loans \$ 0  
Total Monetary \$ 2,150  
In-Kind \$ 0

(7) EXPENDITURES THIS REPORT  
Monetary Expenditures \$ 0  
Transfers to Office Account \$ 0  
Total Monetary \$ 2,150  
(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 2,150

(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) S. PETER CAPUA  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
 Signature: [Signature]

I certify that I have examined this report and it is true, correct, and complete.  
(Type name) RAY CANTUO  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
 Signature: [Signature]

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

(1) Name RAY CANTILMO (2) I.D. Number 74

(3) Cover Period 09 / 09 / 07 through 10 / 12 / 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
10 09 07 ①	SALOMO TURNER FOUR SEASONS 1441 BRICKELL MIAMI, FL 33130	RET	CME			\$500
10 12 07 ②	AFFILIATED WELFARE 8000 SW 67 Ave MIAMI, FL 33127	B	HEALTH CARE	CME		\$500
10 11 07 ③	DR BARRY BORAK 8000 SW 67 Ave MIAMI, FL 33127	I DR	CME			\$500
10 12 07 ④	LUZ AMAGA 2730 SW 3 Ave MIAMI, FL 33129	B		CME		\$500
10 11 07 ⑤	JOSE A. LOPEZ 12317 NW 2nd Ave MIAMI, FL	I	TECHNICAL	CM		\$150
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 2007 OCT 19 PM 4:38  
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