

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

**RECEIVED OFFICE USE ONLY**

2009 APR 13 PM 4:06

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

(1) Oscar Rodriguez-Fonts  
Name

(2) 2121 Ponce de Leon Blvd, Suite 1100  
Address (number and street)

Coral Gables, FL 33134  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): City Commissioner, District 4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 01 / 2008 To 12 / 31 / 2008 Report Type Q4-08

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 11,623.34

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ 1,217.27

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 12,118.76

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 12,118.76

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 28,423.34

**(10) TOTAL Monetary Expenditures To Date**

\$ 14,973.76

**(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) Joaquin Urquiola

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Oscar Rodriguez-Fonts

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

Signature

**FIRST AMENDMENT**

TO REPORT FOR PERIOD

FROM 10/1/8 TO 12/31/8