

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED

(1) MIAMI RIVER ALLIANCE
 Name
 (2) 2600 SOUTH DOUGLAS ROAD, #900
 Address (number and street)
CORAL GABLES, FL 33134
 City, State, Zip Code

OFFICE USE ONLY
 2016 APR 15 PM 1:19
 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 03 / 11 / 16 To 03 / 31 / 16 Report Type: M03-16

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 4 , 000 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 39 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 38 , 779 . 80

(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) JOSE A. RIESCO, CPA
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) JUAN-CARLOS PLANAS
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MIAMI RIVER ALLIANCE (2) I.D. Number _____

(3) Cover Period 03 / 11 / 2016 through 03 / 31 / 2016 (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				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MIAMI RIVER ALLIANCE

(2) I.D. Number _____

(3) Cover Period 03 / 11 / 2016 through 03 / 31 / 2016

(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					
03 / 14 / 16	RDA COMMUNICATIONS 1334 SW 131 PL CIRCLE E MIAMI, FL 33184	ELECTION DAY OPERATIONS	MON		4000.00
1					

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