

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED
 2016 MAY - 9 PM 4:07
 OFFICE OF THE CITY CLERK
 CITY OF MIAMI

(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

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
 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 04 / 01 / 16 To 04 / 30 / 16 Report Type: M04-16

- 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 \$ _____ , _____ , 20 . 00
 Transfers to Office Account \$ _____ , _____ , 0 . 00
 Total Monetary \$ _____ , _____ , 20 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 39 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 38 , 799 . 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 04 / 01 / 2016 through 04 / 30 / 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MIAMI RIVER ALLIANCE

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2016 through 04 / 30 / 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					
04 / 29 / 16 1	SUNTRUST BANK 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	BANK FEES	MON		20.00
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TODD B. HANNON, CITY CLERK
CITY OF MIAMI
3500 PAN AMERICAN DRIVE
MIAMI, FL 33133

0000525566 0000

