CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Francis X Suarez Campaign Name		OFFICE USE WILLY SERVICE PROPERTY OF THE PROPE				
(2) 1750 CORAL WAY SECOND FLO	OOR		REC CITY			
Address (number and street)			CEIVEI 18 PM I OF MIAM			
MIAMI, FL 33145			PA VE			
City, State, Zip Code						
Check here if address has change	ed	(3)	I.D. Number: 00000 m ca			
(4) Check appropriate box(es):			<b>≠ W</b>	i		
X Candidate (office sought): City of	Miami Commission	er, District #4				
Political Committee (PC)	Che	eck here if PC o	or ECO has disbanded			
Electioneering Communications Org.	(ECO)	eck here if PTY	f has disbanded			
Party Executive Committee (PTY)			other IE or EC reports will be filed			
Independent Expenditure (IE) (also coindividual making electioneering community)		ven nore it no v	one. The separation in the mod			
	(5) REPORT I	DENTIFIER	RS	-		
Cover Period: From 07/01/2015	To07/31/2015		Report Type: M7			
			Nopole Typo.			
Original X Amendment	Special Elec	tion Report				
(6) CONTRIBUTIONS THIS F	REPORT	(7) E	EXPENDITURES THIS REPORT			
Cash & Checks	\$26,700.00	Monetary Expenditures	s \$22,262.00			
Loans	\$0.00	Transfers to Office Accou	<b>A</b> A A A A			
Total Monetary	\$26,700.00	Total Moneta	\$22,262.00			
In-Kind ————	\$0.00	(8) Other D	(8) Other Distributions \$0.00			
(9) TOTAL Monetary Contribution	s to Date	(10) TOTAL Monetary Expenditures to Date				
\$17	7,834.30	\$48,741.19				
(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:						
JOSE A. RIESCO			FRANCIS X SUAREZ			
Individual (only for IE or election ele	Deputy Treasurer	X Candidat	tte Chairman (only for PC and PT	Y)		
		<b>v</b>	7 /			
Signatura		X Signature				
Signature		Signature	1	- ID -		
This form is based on DS-DE 12 (Rev. 11/13)	FIRST AMENI	MENT	Adjutant Workshop, Inc Campaign Too	явох		

TO REPORT FOR PERIOD

FROM 7-1-15 TO 7-31-15

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

(1) Name	Francis X Suarez Campaign	(2) I.D. Number 00000					
(3) Cover Period 07/01/2015 - 07/31/2015 (4) Page 1 of 1							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Fult Name (Last, Suffix, First, Middle)	Cor	ntributor				
Sequence Number	Street Aries, Middle) Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
07/28/2015	BTEDDINI, SHADI	-	SPORTS	CHE		DEL	\$ 1000.00
07/20/2013	770 BROADWAY, 2ND FLOOR	·	MANAGE	5,12			* 1000
	NEW YORK, NY 10019-0000		MENT				
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i						2015 DEC 18 PM 12: 53  OFFICE OF THE CITY CLERK	RECEIVED
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	FIRST AMENDMENT						
	TO REPORT FOR PERIOD						1
	FROM 7-1-15 TO 7-31-15	H					
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## **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name	Francis X Suarez Campaign		(2) I.D. Number	00000	
(3) Cover Perio	od 07/01/2015 - 07/31/2015		(4) Page	1 of 1	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
07/31/2015	PIRYX 144 2ND ST. 1ST FLOOR SAN FRANCISCO, CA 94105-0000	TRANSACTION FEE	MON	DEL	\$ 79.30
7					
				0FF	2011
78.80				CE OF THE CITY CLERK	RECEIVED
				CLERK	₽: 53
	FIRST AMENDMENT TO REPORT FOR PERIOD				
	FROM 7-1-15 TO 7-31-15				

Adjutant Workshop, Inc. - Campaign ToolBox

This form is based on DS-DE 14 (Rev. 11/13)

## **CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS**

(1) Name Fra	ancis X Suarez Campaign		(2) I.D. Number	00000	
(3) Cover Period	07/01/2015 - 07/31/2015		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount
	Nothing to report on thi	s form			
				OFFICE OF THE CITY CLERK	RECEIVED
				ITY CLERK	IVED PM 12: 54
	FIRST AMENDMENT TO REPORT FOR PERIOD  FROM 7-1-15 TO 7-31-15				

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

(1) Name	Francis X Suarez Campaign		(2) I.D. Number	00000	
(3) Cover Perio	od 07/01/2015 - 07/31/2015		(4) Page	0 of 0	The state of the s
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Lest, Suffix, First, Middle) Street Address &	Purpose (add office sought if	Related	Amendment	Amount
Number	City, State, Zip Code	contribution to a candidate)	Expenditures	Amendment	Aniount
	Nothing to report on the	his form			
		200			
				0	~
				OFFICE O	2015 DEC
				<b>1</b>	RECEIVED DEC 18 PM 12: 54
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				×	<b>*</b> -
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	FIRST AMENDMENT				
	DEPORT FOR PERIOD				
	FROM 7-1-15 TO 7.31-15				

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