

CAMPAIGN TREASURER'S REPORT SUMMARY

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(1) Antonio Javier Diaz
Name
(2) 2264 SW 22nd Ave
Address (number and street)
Miami, FL 33145
City, State, Zip Code

OFFICE USE ONLY
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: City of Miami, Commission District 4
 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 08 / 01 / 14 To 08 / 31 / 14 Report Type: M-8

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	<u>50</u>	.	<u>00</u>
Loans	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
Total Monetary	\$	_____	,	_____	,	<u>50</u>	.	<u>00</u>
In-Kind	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
Transfers to Office Account	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>
Total Monetary	\$	_____	,	_____	,	<u>0</u>	.	<u>00</u>

(8) Other Distributions
\$ _____, _____, 0 . 00

(9) TOTAL Monetary Contributions To Date
\$ _____, 2, 178 . 98

(10) TOTAL Monetary Expenditures To Date
\$ _____, 1, 100 . 21

(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) Antonio J Diaz
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
X _____
 Signature

(Type name) Antonio J Diaz
 Candidate Chairperson (only for PC and PTY)
X _____
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Antonio Javier Diaz (2) I.D. Number _____

(3) Cover Period 08 / 01 / 14 through 08 / 31 / 14 (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				
08 / 03 / 14	Berger, Ellen 2706 N Greenway Drive Coral Gables, FL 33134	Ind	Librarian	Check			\$50.00
/ /							
/ /							
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