CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Wilfredo (Willy) Gort Campaign	2014 OCT 18FF BHLY				
Name (2) 2828 Coral Way Suite 300 Address (number and street) Miami , FL 33145 City, State, Zip Code	OFFICE OF THE CITY CLERK CITY OF MIAMI, FL				
Check here if address has changed (4) Check appropriate box(es): X Candidate (office sought): District 1 Political Committee (PC) Check Electioneering Communications Org. (ECO) Check Party Executive Committee (PTY) Check Independent Expenditure (IE) (also covers an Check Check Check Check Check Check Check Check Check Check Check Check Check Check Check Chec	(3) I.D. Number: 00000 eck here if PC or ECO has disbanded eck here if PTY has disbanded eck here if no other IE or EC reports will be filed				
individual making electioneering communications) (5) REPORT IDENTIFIERS Cover Period: From 09/01/2014 To 09/30/2014 Report Type: M9 X Original Amendment Special Election Report					
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT					
Cash & Checks \$3,000.00 Monetary Expenditures					
Loans\$0.00	Transfers to Office Account \$0.00				
Total Monetary \$3,000.00	Total Monetary\$0.00				
In-Kind\$0.00	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date				
<u>\$36.910.00</u> <u>\$297.77</u>					
(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:					
Fausto Alvarez Individual (only for IE or electioneering commun.) X Pearub(I) Signature	Wilfredo Willy Gort X Candidate Chairman (only for PC and PTY) X Signature				

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Wilfredo (Willy) Gort Campaign			(2) I.D.	Number	00000	
(3) Cover Period 09/01/2014 - 09/30/2014		(4) Page		1 of 1			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)	Cor	ntributor		In-kind		
(6) Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	Description	Amendment	Amount
09/29/2014	WASTE MANAGEMENT INC. OF FLORIDA 2700 NW 48th Street	В	Waste Manage ment	CHE			\$ 1000.00
1	Pompano Beach, FL 33073-0000						
09/29/2014	OKEECHOBEE LANDFILL INC 2700 NW 48th Street Pompano Beach, FL 33073-0000	В	Waste Manage ment	CHE			\$ 1000.00
2 .							
09/29/2014	WASTE MANAGEMENT OF LEON COUNTY INC. 2700 NW 48th St.	В	Waste Manage ment	CHE			\$ 1000.00
3	Pompano Beach, FL 33073-0000						
						7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3 3
						10 E	' コ
						OFFICE OF THE OUT CLERK	RECEIVED
					şn	202	Ē
						ER:	

Adjutant Workshop, Inc. - Campaign ToolBox

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

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	Wilfredo (Willy) Gort Campaign		(2) I.D. Number	00000	
(3) Cover Peri	od 09/01/2014 - 09/30/2014		(4) Page	0 of 0	And the second s
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name				
(6) Sequence Number	(Last, Suffix, First, Middle) Street Addrass & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
	Nothing to report on the	nis form			
				·	

	·				
				ទ្ព	2
				SE SE	RE 2014 OCT
				OFFICE OF T	
				MIAMI FL	O PH :
				F 17	EIVED
				,,,,,,,	
		1	1		

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name	Wilfredo (Willy) Gort Campaign		(2) I.D. Number	00000		
(3) Cover Perio	od 09/01/2014 - 09/30/2014		(4) Page	0 of 0		
(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)	Related Expenditures	Amendment	Amount	
İ						
Nothing to report on this form						
			A A A A A A A A A A A A A A A A A A A			
				Q.	20	
				OFFICE OF	RE 2014 OCT	
				OF THE CITY CLERK	REICEIVED	
				PCLERK	: 06	
					:	

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name	Wilfredo (Willy) Gort Campaign		(2) I.D. Number	00000	
(3) Cover Perio	od 09/01/2014 - 09/30/2014		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence	Name of Financial Institution Street Address &	Transfer	Nature of		
Number	City, State, Zip Code	Туре	Account	Amendment	Amount
	Nothing to report on thi	e form			
	Nothing to report on the	3 10111			
				·	

				26 28	
				2014 OCT OFFICE OF	and the second
				독급 로	
				PC T	
				THE CITY CLERY F MIAMIL FL	
ı					
				!	
	L	L			