

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MIGUEL ANGEL GABELA

Name

(2) 1701 NW SOUTH RIVER DR

Address (number and street)

MIAMI FL 33125

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: CITY OF MIAMI COMMISSIONER DISTRICT 1

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 10 / 30 / 2015 To 02 / 01 / 2016 Report Type: TR 15

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 62 , 689 . 64

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

Total Monetary \$ _____ , 62 , 689 . 64

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 99 , 860 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 99 , 860 00

(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 R. SANCHEZ-GRONLIER

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name) MIGUEL ANGEL GABELA

Candidate Chairperson (only for PC and PTY)

X

Signature

2016 FEB 11 PM 3: 22
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CITY OF MIAMI

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MIGUEL ANGEL GABELA (2) I.D. Number _____

(3) Cover Period 10 / 30 / 2015 through 02 / 01 / 2015 (4) Page 1 of 1

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

(1) Name MIGUEL ANGEL GABELA

(2) I.D. Number _____

(3) Cover Period 10 / 30 / 2015 through 02 / 01 / 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 |
|----------------|--|--|----------------------------|-------------------|----------------|
| 10 / 30 / 2015 | MIRA TV 2920 NW 7 ST MIAMI, FL 33125 | TV ADVERTISING | CAN | | \$600.00 |
| 1 | | | | | |
| 11 / 09 / 2015 | EL AL SIGNS 546 NW 57 AVE MIAMI, FL 33126 | SIGNS | CAN | | \$130.00 |
| 2 | | | | | |
| 11 / 11 / 2015 | MIGUEL GABELA 1701 NW S. RIVER DRIVE MIAMI, FL 33125 | REPAYMENT OF CANDIDATE SELF LOAN TO CAMPAIGN | RMB | | \$56,700.00 |
| 3 | | | | | |
| 01 / 02 / 2016 | MIGUEL GABELA 1701 NW S. RIVER DRIVE MIAMI, FL 33125 | REPAYMENT OF CANDIDATE SELF LOAN TO CAMPAIGN | RMB | | \$5116.85 |
| 4 | | | | | |
| 07 / 13 / 2015 | SUNTRUST BANK PO BOX 305183 NASHVILLE, TN 37230-5183 | BANKING FEE | CAN | | \$128.09 |
| 5 | | | | | |
| 11 / 02 / 15 | US POSTAL SERVICE BLUE LAGOON MIAMI 33126- 9998. <i>99</i> | POSTAGE | CAN | | \$14.70 |
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name MIGUEL ANGEL GABELA

(2) I.D. Number _____

(3) Cover Period 10 / 30 / 2015 through 02 / 01 / 2016

(4) Page 1 of 1

| (5) Date | (7) Name of Financial Institution Street Address & City, State, Zip Code | (8) Transfer Type | (9) Nature of Account | (10) Amendment | (11) Amount |
|------------------------|---|----------------------|--------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| / / | -----NOTHING FOLLOWS----- | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name MIGUEL ANGEL GABELA (2) I.D. Number _____

(3) Cover Period 10 / 30 / 2015 through 02 / 01 / 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) Related Expenditures | (10) Amendment | (11) Amount | (12) Distribution Type |
|---------------------------|--|--|--------------------------------|-------------------|----------------|------------------------------|
| (6) Sequence Number | | | | | | |
| / / | -----NOTHING | FOLLOWS----- | | | | |
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