

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

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CITY OF MIAMI CLERK
CITY OF MIAMI, FL

(1) Name: Frank Carollo Campaign
(2) Address: P.O. Box 440722
City, State, Zip Code: Miami, FL 33144-0000

Check box if address has changed

(3) I.D. Number: 00000

(4) Check appropriate box(es):

Candidate (office sought): City of Miami Commissioner, District 3
 Political Committee Check if PC has DISBANDED
 Committee of Continuous Existence Check if CCE has DISBANDED
 Party Executive Committee Check if no other electioneering communication reports will be filed
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 09/26/2009 To 10/09/2009

Report Type: G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$7,750.00
Loans	\$0.00
Total Monetary	\$7,750.00
In-Kind	\$331.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$32,010.13
Transfers to Office Account	\$0.00
Total Monetary	\$32,010.13
(8) Other Distributions	\$0.00

(9) TOTAL Monetary Contributions to Date

\$178,905.24

(10) TOTAL Monetary Expenditures to Date

\$73,145.74

(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

Individual (only for electioneering commun.)

Treasurer

Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct and complete

Frank Carollo

Candidate

Chairman (only for PC, PTY & electioneering commun. organization)

X

Signature

FIRST AMENDMENT

TO REPORT FOR PERIOD

FROM 9/24/9 TO 10/9/9

CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Frank Carollo Campaign

(2) I.D. Number 00000

(3) Cover Period 09 / 26 / 2009 through 10 / 09 / 2009 (4) Page 1 of 1

(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)	(11)
(6) Sequence Number				Amendment	Amount
10 / 07 / 09	Bank Atlantic P.O. Box 8608 Ft. Lauderdale, FL 33310	Bank Fees	CHE	ADD	\$10.00
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DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

FIRST AMENDMENT	
TO REPORT FOR PERIOD	
ES	
FROM <u>9/26/19</u>	TO <u>10/9/19</u>