

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Horace G. Feliu

Name

(2) 6514 SW 61 terrace

Address (number and street)

South Miami, FL. 33143

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

Candidate Office Sought: Mayor of South Miami

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 11 / 01 / 2019 To 11 / 30 / 2019 Report Type: M11

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ . 0 . 00

Total Monetary \$ _____ , _____ . 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 23 . 50

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 23 . 50

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 23 . 50

(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) Horace G. Feliu

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

X Horace G. Feliu
Signature

(Type name) Horace G. Feliu

Candidate Chairperson (only for PC and PTY)

X Horace G. Feliu
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Horace G. Feliu

(2) I.D. Number _____

(3) Cover Period 11 / 01 / 2019 through 11 / 30 / 2019

(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
(6) Sequence Number					
11 / 12 / 2019	Miami Dade County Elections Dept. 2700 NW 87 Avenue Miami, FL 33172		DIS		\$23.50
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Horace G. Feliu (2) I.D. Number _____

(3) Cover Period 11 / 1 / 2019 through 11 / 30 / 2019 (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				
/ /							\$0.00
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