CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Eduardo A. Macaya Alvarez
Name

(2) 7035 W 15TH AVE
Address (number and street)

Hialeah FL. 33014
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

FEB3'20 1:13PM

3/20/20

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: Councilman Group #3
☐ 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 / 19 To 02 / 03 / 20 Report Type: TR

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 66 . 90
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 1 , 825 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , 1 , 825 . 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) Eduardo A Macaya Alvarez
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X Signature

(Type name) Eduardo A. Macaya Alvarez
☑ Candidate ☐ Chairperson (only for PC and PTY)
X Signature

SEE REVERSE FOR INSTRUCTIONS

6257
FEB3'20 1:13PM

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Eduardo A MACAYA ALVAREZ (2) I.D. Number

(3) Cover Period 11/01/19 through 02/03/20 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
11/01/19	REGIONS BANK 1794 W 67TH PLACE HIALEAH FL. 33014	SERVICE CHARGE FOR OCTOBER	CAN		$8.00
11/01/19	REGIONS BANK 1794 W 67TH PLACE HIALEAH FL. 33014	SERVICE CHARGE FOR NOVEMBER	CAN		$8.00
11/18/19	Allied SIGNS 349 E 49TH STREET HIALEAH FL. 33013	THANK YOU CARDS	CAN		$22.20
12/02/19	REGIONS BANK 1794 W 67TH PLACE HIALEAH FL. 33014	SERVICE CHARGE FOR DICEMBER	CAN		$8.00
01/01/20	REGIONS BANK 1794 W 67TH PLACE HIALEAH FL. 33014	SERVICE CHARGE FOR JANUARY	CAN		$8.00
01/23/20	SAINT JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN. 38105	DONATION CHECK	CAN		$4.70
01/23/20	REGIONS BANK 1794 W 67TH PLACE HIALEAH FL. 33014	SERVICE CHARGE FOR DONATION CACHIERS CHECK	CAN		$8.00
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES