

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

(1) STEFANO DI MAURO
Name
(2) 1725 NE 164TH STREET
Address (number and street)
NORTH MIAMI BEACH, FLORIDA 33162
City, State, Zip Code

OFFICE USE ONLY

RECEIVED
05 APR 15 PM 1:27
DMMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): MAYOR-Group 1
 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 3 1 16 1 05 To 4 1 15 1 05 Report Type G3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 5,500
 Loans \$ "0"
 Total Monetary \$ "0"
 In-Kind \$ "0"

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,305 N.G.
 Transfers to Office Account \$ _____
 Total Monetary \$ 4,305 N.G.

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 5,500

(10) TOTAL Monetary Expenditures To Date
 \$ 4,305.00 N.G.

(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) NOEL ISUTIERREZ
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
 Signature Noel Isutierrez
 Signature

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

(Type name) STEFANO DIMAURO
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
 Signature Stefano Di Mauro
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name STEFANO DI MAURO (2) I.D. Number _____

(3) Cover Period 3 / 16 / 05 through 4 / 15 / 05 (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 |
|---------------------------|--|---|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | Amount |
| 3, 24, 05 | STEFANO DI MAURO 1725 NE 164TH STREET NORTH MIAMI BEACH 33162 | I | DOCTOR | CHE | | | \$500 |
| 1 | | | | | | | |
| 4, 6, 05 | STEFANO DI MAURO 1725 NE 164TH ST. NORTH MIAMI BEACH 33162 | I | DOCTOR | CHE | | | \$2000.00 |
| 2 | | | | | | | |
| 4, 14, 05 | STEFANO DI MAURO 1725 NE 164TH ST. NORTH MIAMI BEACH 33162 | I | DOCTOR | CHE | | | \$3,000.00 |
| 3 | | | | | | | |
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 CNMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name STEFANO DI MAURO

(2) I.D. Number _____

(3) Cover Period 3/16/05 through 4/15/05

(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 |
|--------------|--|--|----------------------------|-------------------|----------------|
| 3/2/05 1 | STEFANO DI MAURO CAMPAIGN 1725 NE 164TH STREET 33162 NORTH MIAMI BEACH FL. | MAYOR N.G. Sign Band FILING FEE | CHE N.G. DIS | | \$180.00 |
| 4/5/05 2 | DEEP CUT PRODUCTIONS N. MIAMI BEACH FL. 33169 14080 W. DIXIE HWY | MAYOR Sign Band N.G. | CHE N.G. DIS | | \$408.00 |
| 4/17/05 3 | CITY of North Miami Beach N.M.B. 19TH AVE. 17011 NE FL. 33162 | MAYOR Sign Band N.G. | CHE N.G. DIS | | \$200.00 |
| 4/10/05 4 | Deep cut productions 14080 W. DIXIE HWY N.M. FL. 33161 | MAYOR Sign Band SIGNS | CHE N.G. DIS | | \$250 |
| 4/16/05 5 | HECA, INC. 20831 SAN SIMON WAY #202 MIAMI FL 33179 | MAYOR N.G. Sign | CHE N.G. DIS | | 2,700.00 |
| 4/15/05 6 | THE FLAYEL 190 SOUTH WRIGHT ST. MIAMI FL. 33126 | Campaign Ad Sign MAYOR N.G. | CHE N.G. DIS | | 495.00 |
| 1/1 | | | | | |
| 1/1 | | | | | |

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MIAMI CITY CLERK'S OFFICE

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

RECEIVED
05 APR 22 PM 1:28
COUNTY CLERK'S OFFICE

OFFICE USE ONLY

(1) STEFANO DIMAURO
Name
(2) 1725 NE 164TH STREET
Address (number and street)
NORTH MIAMI BEACH, FL. 33162
City, State, Zip Code

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
 Candidate (office sought): MAYOR - GROUP 1
 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 4 1 16 1 05 To 4 1 22 1 05 Report Type G3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00
 Loans \$ _____
 Total Monetary \$ _____
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,045
 Transfers to Office Account \$ _____
 Total Monetary \$ 1,045

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 100.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____

(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) NOEL ISUIERRE
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Noel Isuierre
 Signature

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

(Type name) STEFANO DIMAURO
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Stefano Dimauro
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STEFANO Di MAURO (2) I.D. Number _____

(3) Cover Period 4 1 16 1 05 through 4 1 22 1 05 (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|---------------------------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | Street Address & City, State, Zip Code | Type | Occupation | Type | Description | | Amount |
| 4.17.05 1 | CRISPO SR., HENRY 219 NW 14TH TERR. MIAMI, FL. 33136 | CHE | | | | | \$10000 |
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DAMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name STEFANO DIMARCO

(2) I.D. Number _____

(3) Cover Period 4 / 16 / 05 through 4 / 22 / 05

(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 | | | | | |
| 4/17/05 1 | DREPCUT PRODUCTIONS | MAYOR | CHE | | \$250. ⁰⁰ |
| 4/17/05 2 | THE FLAYER 1190 South West 128th St, Miami, FL 33186 | MAYOR | CHE | | \$695. ⁰⁰ |
| 4/20/05 3 | DREPCUT PRODUCTIONS 14080 W. Dixie Hwy N.M.B. FL 33161 | MAYOR | CHE | | \$300. ⁰⁰ |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
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| 1/1 | | | | | |

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

05
APR 29 PM 12:01
RECEIVED
CAMPAIGN CLERK'S OFFICE

(1) STEFANO DI MAURO
Name
(2) 1725 NE 164TH STREET
Address (number and street)
NORTH MIAMI BEACH FL. 33162
City, State, Zip Code

OFFICE USE ONLY
(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
 Candidate (office sought): MAYOR - GROUP 1
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication
 CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 09 / 05 To 04 / 28 / 05 Report Type G-4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 3,100
 Loans \$ _____
 Total Monetary \$ 3,100
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3,445.00
 Transfers to Office Account \$ NA
 Total Monetary \$ 3,445.00

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 3,100.00

(10) TOTAL Monetary Expenditures To Date
 \$ 3,445.00

(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) NOËL E. ISUIERREZ
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X Noël E. Isuierez
 Signature

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

(Type name) STEFANO DI MAURO
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STEFANO DI MAURO (2) I.D. Number _____

(3) Cover Period 04 / 09 / 05 through 04 / 28 / 05 (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 |
|---------------------------|--|---|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | Amount |
| 04, 14, 05 | STEFANO DI MAURO 1725 NE 164TH ST. NMB FL 33162 | I | DOCTOR | CHE | | | \$3000.00 |
| 1 | | | | | | | |
| 04, 17, 05 | CRESPO SR., Henry 219 NW 14TH TER. MIAMI, FL 33136 | CHE | | CHE | | | \$100.00 |
| 2 | | | | | | | |
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 DMB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name STEFANO DI MAURO

(2) I.D. Number _____

(3) Cover Period 04/09/05 through 04/28/05

(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 |
|-------------|--|--|----------------------------|-------------------|----------------|
| 04/10/05 | DEEP CUT PRODUCTIONS 14080 W. DIXIE HWY NMB FL 33167 | Signs | Dis | | \$250 |
| 1 | | | | | |
| 04/14/05 | HECA, INC. 20831 SAN SIMON WAY MIAMI, FL 33179 | Signs | Dis | | \$2,700.00 |
| 2 | | | | | |
| 4/15/05 | THE FLYER 1490 SW 128 STREET MIAMI FL. 33186 | Campaign Ad | Dis | | \$495.00 |
| 3 | | | | | |
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DAMB CITY CLERK'S OFFICE

Incomplete

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

(1) STEFANO DI MAURO
Name
(2) 1725 NE 16TH STREET
Address (number and street)
NORTH MIAMI BEACH, FL. 33162
City, State, Zip Code

OFFICE USE ONLY
RECEIVED DEVICES
05 JUN -9 PM 12:01
CNMD CITY CLERK'S OFFICE
6-110

CHECK IF ADDRESS HAS CHANGED
(4) Check appropriate box(es):
 Candidate (office sought): MAYOR - Group 1
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication

(3) ID Number: _____
 CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04 128 105 To 1 1 Report Type G04
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
Cash & Checks \$ 1,355.00
Loans \$ _____
Total Monetary \$ _____
In-Kind \$ _____

(7) EXPENDITURES THIS REPORT
Monetary Expenditures \$ 1,355.00
Transfers to Office Account \$ _____
Total Monetary \$ 1,355.00

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 1,355.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,355.00

(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) NOEL E. LUTIERREZ
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
Noel E. Lutierrez
Signature

I certify that I have examined this report and it is true, correct, and complete.
(Type name) STEFANO DI MAURO
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
Stefano Di Mauro
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name STEFANO DI MAURO (2) I.D. Number _____

(3) Cover Period 04, 28, 05 through 06, 09, 05 (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 |
|-------------|--|---|--|-----------------------------|--------------------------------|-------------------|----------------|
| 5, 10, 05 | STEFANO DI MAURO CAMPAIGN ACCOUNT 1725 NE 164TH ST. NORTH MIAMI BEACH, FL. 33162 | I | | CHE | | | \$600.00 |
| 1 | | | | | | | |
| 5, 19, 05 | STEFANO DI MAURO CAMPAIGN ACCOUNT 1725 NE 164TH ST. NMB, FL. 33162 | I | | CHE | | | \$200.00 |
| 2 | | | | | | | |
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05 JUN - 9 PM 1:09
DNMB CITY CLERK'S OFFICE



Custom Business Banking Checking

01 200016112265 036 130 0 35 175,097

WACHOVIA

00059313 ***** SINGLP



DESIGNATION OF DEPOSITORY FOR
CAMPAIGN FUNDS FOR STEFANO DI MAURO CB
16910 NE 8TH ST
NORTH MIAMI BEA FL 33162

Custom Business Banking Checking

4/30/2005 thru 5/31/2005

Account number: 200016112265
Account owner(s): DESIGNATION OF DEPOSITORY FOR
CAMPAIGN FUNDS FOR STEFANO DI MAURO

Taxpayer ID Number: 561675004

Account Summary

| | |
|------------------------------------|------------|
| Opening balance 4/30 | \$1,155.00 |
| Deposits and other credits | 200.00 + |
| Checks | 495.00 - |
| Other withdrawals and service fees | 860.00 - |
| Closing balance 5/31 | \$0.00 |

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CAND CITY CLERK'S OFFICE

Deposits and Other Credits

| Date | Amount | Description |
|--------------|-----------------|-------------|
| 5/19 | 200.00 | DEPOSIT |
| Total | \$200.00 | |

Checks

| Number | Amount | Date posted | Number | Amount | Date posted | Number | Amount | Date posted |
|--------|--------|-------------|--------------|-----------------|-------------|--------|--------|-------------|
| 0100 | 495.00 | 5/10 | Total | \$495.00 | | | | |

Other Withdrawals and Service Fees

| Date | Amount | Description |
|--------------|-----------------|------------------------|
| 5/20 | 860.00 | DEBIT TO CLOSE ACCOUNT |
| Total | \$860.00 | |

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CAND CITY CLERK'S OFFICE

Daily Balance Summary

| Dates | Amount | Dates | Amount | Dates | Amount |
|-------|--------|-------|--------|-------|--------|
| 5/10 | 660.00 | 5/19 | 860.00 | 5/20 | 0.00 |

AS YOU REQUESTED, YOUR ACCOUNT IS NOW CLOSED AND THIS IS THE FINAL STATEMENT. IF YOU HAVE ANY QUESTIONS OR WISH TO REOPEN THIS ACCOUNT, CALL US AT 800-WACHOVIA (800-922-4684) OR CONTACT YOUR LOCAL FINANCIAL CENTER. WE APPRECIATE YOUR BUSINESS.

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

OFFICE USE ONLY

RECEIVED
05 JUN 10 AM 9:49
COUNTY CLERK'S OFFICE

(1) STEFANO DIMAURO
Name
(2) 1725 N.W. 164 ST
Address (number and street)
N.W. 164 ST 1725
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): MAYOR - GROUP 1
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/16/05 To 4/22/05 Report Type G3

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,100

Loans \$ /

Total Monetary \$ 1,100

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,495⁰⁰

Transfers to Office Account \$ /

Total Monetary \$ 2,495⁰⁰

(8) Other Distributions \$ /

(9) TOTAL Monetary Contributions To Date
\$ 1,100⁰⁰

(10) TOTAL Monetary Expenditures To Date
\$ 2,495⁰⁰

(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) Noel E. Boreney
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Noel E. Boreney
Signature

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

(Type name) STEFANO DIMAURO
 Candidate Chairperson (only for PC, PTY & electioneering, commun. organization)

X Stefano DiMauro
Signature

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

OFFICE USE ONLY

RECEIVED
05 JUN 10 AM 9:50
DUNN CITY CLERK'S OFFICE

(1) STEFANO DI MAURO

Name

(2) 1725 NW 16th St

Address (number and street)

N. W. 13th FL 33162

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): MAYOR - GROUP 1

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 3/16/05 To 4/08/05 Report Type E-3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 5,500

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,305

Transfers to Office Account \$ _____

Total Monetary \$ 4,305

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 5,500

(10) TOTAL Monetary Expenditures To Date
\$ 4,305⁰⁰

(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) Noel E. Gormley

Individual (only for electioneering comm.) Treasurer Deputy Treasurer

X Noel E. Gormley
Signature

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

(Type name) STEFANO DI MAURO

Candidate Chairperson (only for PC, PTY & electioneering comm. organization)

X [Signature]
Signature

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

RECEIVED
05 JUN 10 AM 9:50
CLERK'S OFFICE

(1) STEFANO DIMAURO
Name
(2) 1725 NE 164 ST
Address (number and street)
Mr. M. B. PL 23169
City, State, Zip Code

OFFICE USE ONLY
(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
 Candidate (office sought): MAYOR - GROUP 1
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication
 CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 4/28/05 To 5/20/05 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks 000 \$ 200.⁰⁰
 Loans RECEIVED \$ _____
 Total Monetary RECEIVED \$ 200.⁰⁰
 In-Kind RECEIVED \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____
 Transfers to Office Account \$ _____
 Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 6,800.⁰⁰

(10) TOTAL Monetary Expenditures To Date
\$ 6,800

(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) NOEL E. GUTIERREZ
 Individual (only for electioneering campaign) Treasurer Deputy Treasurer
X Noel E. Gutierrez
 Signature

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

(Type name) STEFANO DIMAURO
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X _____
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name STEFANO DIMAURO (2) I.D. Number _____
 (3) Cover Period 4, 28, 05 through 5, 20, 05 (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 |
|----------------------------------|--|--|----------------------------|---|----------------|
| 5/20/05 1 | STEFANO DIMAURO CAMORINA A.C.C. 1425 NW 164 ST MCM. D.F.L. 33162 | CLOSING OF ACCOUNT | DIS | | 860 |
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| 02 RECEIVED JUN 10 AM 9:20 | | | | 05 JUN 10 AM 9:50 DNMB CITY CLERK'S OFFICE RECEIVED | |
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