

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

(1) Rene Alfonso
Name

(2) 3750 NE 16th # 105
Address (number and street)

North Miami Beach, FL 33160
City, State, Zip Code

RECEIVED
OFFICE USE ONLY
13 APR 11 PM 1:34
CNMB CITY CLERK'S OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Council group A
- 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 3/1/13 To 3/29/13 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ 100.00

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 150.00 (+NS)

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 250.00

(10) TOTAL Monetary Expenditures To Date

\$ 150.00

(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) Rene Alfonso

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Rene Alfonso
Signature

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

(Type name) Rene Alfonso

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

X Rene Alfonso
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Rene Alfonso (2) I.D. Number _____

(3) Cover Period 3/16/13 through 3/29/13 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
01011	3/18/13	Relocation & Development FIRM 4952 NW 7th Ave Miami FL 33127	BUS	MANAG PART.	CK			150
01012	3/23/13	Rene Alfonso 3750 NE 169th #105, NMB FL 33160		Ret	LOAN			100.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name RENE ALFONSO

(2) I.D. Number _____

(3) Cover Period 3/1/13 through 3/29/13

(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					
0/0/11	City of North Miami Beach, 33162 MOLINE AVE, NNB, FL	INS. for office			150.00
3/30/13					
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) RENE ALFONSO
Name

(2) 3750 NE 169th # 105
Address (number and street)

NMB, FL 33160
City, State, Zip Code

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13 APR 19 PM 1:49
CNMB CITY CLERK'S OFFICE

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

(4) Check appropriate box(es):

Candidate (office sought): Council seat #4

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 3/30/13 To 4/12/13 Report Type G13

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 300.00

Loans \$ —

Total Monetary \$ —

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 38.20

Transfers to Office Account \$ —

Total Monetary \$ 38.20

(8) Other Distributions

\$ —

(9) TOTAL Monetary Contributions To Date

\$ 300.00

(10) TOTAL Monetary Expenditures To Date

\$ 38.20

(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) Rene Alfonso

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X R Alfonso
Signature

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

(Type name) RENE Alfonso

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

X R Alfonso
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name RENE ALFONSO (2) I.D. Number _____

(3) Cover Period 3 130 113 through 4 112 113 (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
01011 4/4/13	Robert W Rodriguez 166 W Flagler St Miami FL 33131	BUS CK	Lawyer	CK			250.00
01012 4/9/13	Joseph/Esther DODLEY 890 NE 168 St MIAMI FL 33162	PEAS	Ret.	CK			50.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name RENE ALFONSO

(2) I.D. Number _____

(3) Cover Period 3/30/13 through 4/12/13

(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
0/0/1 4/15/13	NMB USPS NMB, FL 33160-9998	MAILING			\$14.68
0/0/2 4/9/13	FED EX 2179 NE 163 rd ST NMB, FL 33162	COPIES			\$ 19.25
0/0/3 4/9/13	FED EX 2179 NE 163 rd ST NMB, FL 33162	PAPER			\$4.27
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED
13 MAY -3 AM 9:50
CHIEF CITY CLERK'S OFFICE

(1) RENE Alfonso
Name
(2) 3750 NE 169th #105
Address (number and street)
NMB, FL 33160
City, State, Zip Code

OFFICE USE ONLY

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

(4) Check appropriate box(es):
 Candidate (office sought): Councilman seat #4
 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 4/13/13 To 5/2/13 Report Type G4
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 550.00
 Loans \$ 500.00
 Total Monetary \$ 1050.00
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 188.20
 Transfers to Office Account \$ _____
 Total Monetary \$ 188.20

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 1600.00

(10) TOTAL Monetary Expenditures To Date
 \$ 400.19

(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) Rene Alfonso
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Rene Alfonso
Signature

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

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

X Rene Alfonso
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Rene Alfonso (2) I.D. Number _____

(3) Cover Period 4/13/13 through 5/2/13 (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		
4/16/13 001	Golden Sec. GUARDS, INC 1050 NW 14th St #141 Miami FL, 33136	BUS	BUS PARTN.	CHK	—	—	200.00
4/16/13 002	Josa Hold INC 3604 NW 7th St Miami FL, 33125	BUS	OWN DR	CHK	—	—	250.00
4/18/13 003	CARSTY HOLD INC 1701 NW 50th Ave Miami FL, 33125	BUS	OWNER	CHK	—	—	100 ⁰⁰
4/29/13 004	Rene Alfonso 3750 W 16th St #105 N.W.B., FL 33160	PERS	LOAN	CHK			500 ⁰⁰
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ONMIB CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Rene Alfonso (2) I.D. Number _____
 (3) Cover Period 4/13/13 through 5/2/13 (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					
4/22/13 001	FIRST IMP Enter 4655 SW 45th DAVIE FL 33314	SIGNS	CK		153.40
4/23/13 002	BANK UNITED 7815 NW 149ST Miami Lakes FL 33016	BANK Fee			35.00
4/20/13 003	Post off	stamps	CASH		18.40
4/21/13 004	LINIKOS off supplies	materials off sup.	CASH		24.30
4/23/13 005	Bee Jay Printing 1543 NE 164st NMB, FL, 33162	MAT. CARDS	CK		37.45
05/2/13 006	City of NMB	BOND	CK		290.00
11					
11					

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