#### STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

# In Re: Alfred Santamaria

**TO:** Anthony Gonzalez, Esquire GL Gonzalez PA 2655 Le Jeune Road, 4th Floor Coral Gables, FL 33134

### Case No.: FEC 16-247

Juan-Carlos Planas KYMP 600 Brickell Avenue, Suite 1715 Miami, FL 33131

#### NOTICE OF HEARING (INFORMAL HEARING)

A hearing will be held in this case before the Florida Elections Commission on, May 15, 2018 at 8:30 am, or as soon thereafter as the parties can be heard, at the following location: 412 Knott Building, Pat Thomas Committee Room, 404 South Monroe Street, Tallahassee, Florida 32399.

Failure to appear in accordance with this notice will constitute a waiver of your right to participate in the hearing. Continuances will be granted only upon a showing of good cause.

This hearing will be conducted pursuant to Section 106.25, Florida Statutes, which governs your participation as follows:

If you are the Respondent, you may attend the hearing, and you or your attorney will have 5 *minutes* to present your case to the Commission. However, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless you request to be heard or the Commission requests that your case be considered separately on the day of the hearing, your case will *not* be individually heard.

If you are the Complainant, you may attend the hearing, but you will *not* be permitted to address the Commission. In addition, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless the Respondent requests to be heard or the Commission requests that the case be considered separately on the day of the hearing, the case will *not* be individually heard.

If you are an Appellant, and you have requested a hearing, you may attend the hearing, and you or your attorney will have 5 *minutes* to present your case to the Commission.

Please be advised that both confidential and public cases are scheduled to be heard by the Florida Elections Commission on this date. As an Appellant, Respondent or Complainant in one case, you will *not* be permitted to attend the hearings on other confidential cases.

The Commission will electronically record the meeting. Although the Commission's recording is considered the official record of the hearing, the Respondent may provide, at his own expense, a certified court reporter to also record the hearing.

If you require an accommodation due to a disability, contact Donna Ann Malphurs at (850) 922-4539 or by mail at 107 West Gaines Street, The Collins Building, Suite 224, Tallahassee, Florida 32399, at least 5 days before the hearing.

#### See further instructions on the reverse side.

#### <u>Amy McKeever Toman</u>

Executive Director Florida Elections Commission April 30, 2018 Please refer to the information below for further instructions related to your particular hearing:

If this is a hearing to consider **an appeal from an automatic fine**, the Filing Officer has imposed a fine on you for your failure to file a campaign treasurer's report on the designated due date and, by filing an appeal, you have asked the Commission to consider either (1) that the report was in fact timely filed; or (2) that there were unusual circumstances that excused the failure to file the report timely. You are required to prove your case. If the Commission finds that the report was filed timely or that there were unusual circumstances that excused the failer, in whole or in part. The Commission may reduce a fine after considering the factors in Section 106.265, Florida Statutes. If the Commission finds that the report was not timely filed and there were no unusual circumstances, the fine will be upheld.

If this is a hearing to consider a **consent order before a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed and become public. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the case will remain confidential, unless confidentiality has been waived.

If this is a hearing to consider a **consent order after a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the Respondent will be entitled to another hearing to determine if the Respondent committed the violation(s) alleged.

If this is a **probable cause hearing**, the Commission will decide if there is probable cause to believe that the Respondent committed a violation of Florida's election laws. Respondent should be prepared to explain how the staff in its recommendation incorrectly applied the law to the facts of the case. *Respondent may not testify, call others to testify, or introduce any documentary or other evidence at the probable cause hearing.* The Commission will only decide whether Respondent should be *charged* with a violation and, before the Commission determines whether a violation has occurred or a fine should be imposed, Respondent will have an opportunity for another hearing at which evidence may be introduced.

If this is an **informal hearing**, it will be conducted pursuant Sections 120.569 and 120.57(2), Florida Statutes; Chapter 28 and Commission Rule 2B-1.004, Florida Administrative Code. At the hearing, the Commission will decide whether the Respondent committed the violation(s) charged in the Order of Probable Cause. The Respondent will be permitted to testify. However, the Respondent may not call witnesses to testify.

Respondent may argue why the established facts in the Staff Recommendation do not support the violations charged in the Order of Probable Cause. At Respondent's request, the Commission may determine whether Respondent's actions in the case were willful. The Respondent may also address the appropriateness of the recommended fine. If Respondent claims that his limited resources make him unable to pay the statutory fine, *he must provide the Commission with written proof of his financial resources* at the hearing. A financial affidavit form is available from the Commission Clerk.

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STATE OF FLORIDA ELECTIONS COMMISSION

# STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

## Florida Elections Commission, Petitioner,

v.

#### Case No.: FEC 16-247

Alfred Santamaria, Respondent.

#### ORDER OF PROBABLE CAUSE

THIS MATTER was heard by the Florida Elections Commission (Commission) at its regularly scheduled meeting on March 13, 2018, in Tallahassee, Florida.

On January 24, 2018, Staff recommended to the Commission that there was probable cause to believe that the Florida Election Code was violated. The facts articulated in Staff's Recommendation are adopted by reference and incorporated herein. Based on the Complaint, Report of Investigation, Staff's Recommendation, and oral statements (if any) made at the probable cause hearing, the Commission finds that there is **probable cause** to charge Respondent with the following violation(s):

#### Count 1:

On or about June 29, 2016, Alfred Santamaria violated Section 106.07(5), Florida Statutes, when he certified that the campaign's 2016 P1 Report was true, correct, and complete when it was not.

#### Count 2:

On or about July 15, 2016, Alfred Santamaria violated Section 106.07(5), Florida Statutes, when he certified that the campaign's 2016 P2 Report was true, correct, and complete when it was not.

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#### Count 3:

On or around June 29, 2016, Alfred Santamaria violated Section 106.19(1)(c), Florida Statutes, when he deliberately failed to include information required by Chapter 106, Florida Statutes, on the campaign's 2016 P1 Report.

#### <u>Count 4:</u>

On or around July 15, 2016, Alfred Santamaria violated Section 106.19(1)(c), Florida Statutes, when he deliberately failed to include information required by Chapter 106, Florida Statutes, on the campaign's 2016 P2 Report.

#### Count 5:

On or around July 15, 2016, Alfred Santamaria violated Section 106.19(1)(c), Florida Statutes, when he falsely reported information required by Chapter 106, Florida Statutes, on the campaign's 2016 P2 Report.

**DONE AND ORDERED** by the Florida Elections Commission on March 13, 2018.

M. Scott Thomas, Chairman Florida Elections Commission

Copies furnished to: Stephanie J. Cunningham, Assistant General Counsel Anthony Gonzalez, Attorney for Respondent Juan-Carlos Planas, Complainant

# NOTICE OF RIGHT TO A HEARING

As the Respondent, you may elect to resolve this case in several ways. First, you may elect to resolve this case by <u>consent order</u> where you and Commission staff agree to resolve the violation(s) and agree to the amount of the fine. The consent order is then presented to the Commission for its approval. To discuss a consent order, contact the FEC attorney identified in the Order of Probable Cause.

Second, you may request an informal hearing held before the Commission, if you do not dispute

any material fact in the Staff Recommendation. You have 30 days from the date the Order of Probable Cause is filed with the Commission to request such a hearing. The date this order was filed appears in the upper right-hand corner of the first page of the order. At the hearing, you will have the right to make written or oral arguments to the Commission concerning the legal issues related to the violation(s) and the potential fine. At the request of Respondent, the Commission will consider and determine willfulness at an informal hearing. Otherwise, live witness testimony is unnecessary.

Third, you may request a <u>formal hearing</u> held before an administrative law judge in the Division of Administrative Hearings (DOAH), if you dispute any material fact in the Staff Recommendation. You have 30 days from the date the Order of Probable Cause is filed with the Commission to request such a hearing. The date this order was filed appears in the upper righthand corner of the first page of the order. At the hearing, you will have the right to present evidence relevant to the violation(s) listed in this order, to cross-examine opposing witnesses, to impeach any witness, and to rebut the evidence presented against you.

If you do not elect to resolve the case by consent order or request a formal hearing at the DOAH or an informal hearing before the Commission within 30 days of the date this Order of Probable Cause is filed with the Commission, the case will be sent to the Commission for a formal or informal hearing, depending on whether the facts are in dispute. The date this order was filed appears in the upper right-hand corner of the first page of the order.

To request a hearing, please send a written request to the Commission Clerk, Donna Ann Malphurs. The address of the Commission Clerk is 107 W. Gaines Street, Collins Building, Suite 224, Tallahassee, Florida 32399-1050. The telephone number is (850) 922-4539. The Clerk will provide you with a copy of Chapter 28-106, *Florida Administrative Code*, and other applicable rules upon request. No mediation is available.

#### STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

# In Re: Alfred Santamaria

**TO:** Anthony Gonzalez, Esquire GL Gonzalez PA 2655 Le Jeune Road, 4th Floor Coral Gables, FL 33134 Case No.: FEC 16-247

Juan-Carlos Planas KYMP 600 Brickell Avenue, Suite 1715 Miami, FL 33131

#### NOTICE OF HEARING (PROBABLE CAUSE DETERMINATION)

A hearing will be held in this case before the Florida Elections Commission on, March 13, 2018 at 10:00 am, or as soon thereafter as the parties can be heard, at the following location: Augustus B. Turnbull Conference Center, 555 West Pensacola Street, Room 103, Tallahassee, Florida 32301.

Failure to appear in accordance with this notice will constitute a waiver of your right to participate in the hearing. Continuances will be granted only upon a showing of good cause.

This hearing will be conducted pursuant to Section 106.25, Florida Statutes, which governs your participation as follows:

If you are the Respondent, you may attend the hearing, and you or your attorney will have 5 *minutes* to present your case to the Commission. However, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless you request to be heard or the Commission requests that your case be considered separately on the day of the hearing, your case will *not* be individually heard.

If you are the Complainant, you may attend the hearing, but you will *not* be permitted to address the Commission. In addition, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless the Respondent requests to be heard or the Commission requests that the case be considered separately on the day of the hearing, the case will *not* be individually heard.

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Please be advised that both confidential and public cases are scheduled to be heard by the Florida Elections Commission on this date. As an Appellant, Respondent or Complainant in one case, you will *not* be permitted to attend the hearings on other confidential cases.

The Commission will electronically record the meeting. Although the Commission's recording is considered the official record of the hearing, the Respondent may provide, at his own expense, a certified court reporter to also record the hearing.

If you require an accommodation due to a disability, contact Donna Ann Malphurs at (850) 922-4539 or by mail at 107 West Gaines Street, The Collins Building, Suite 224, Tallahassee, Florida 32399, at least 5 days before the hearing.

#### See further instructions on the reverse side.

#### <u>Amy McKeever Toman</u>

Executive Director Florida Elections Commission February 26, 2018 Please refer to the information below for further instructions related to your particular hearing:

If this is a hearing to consider **an appeal from an automatic fine**, the Filing Officer has imposed a fine on you for your failure to file a campaign treasurer's report on the designated due date and, by filing an appeal, you have asked the Commission to consider either (1) that the report was in fact timely filed; or (2) that there were unusual circumstances that excused the failure to file the report timely. You are required to prove your case. If the Commission finds that the report was filed timely or that there were unusual circumstances that excused the failer, in whole or in part. The Commission may reduce a fine after considering the factors in Section 106.265, Florida Statutes. If the Commission finds that the report was not timely filed and there were no unusual circumstances, the fine will be upheld.

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If this is a **probable cause hearing**, the Commission will decide if there is probable cause to believe that the Respondent committed a violation of Florida's election laws. Respondent should be prepared to explain how the staff in its recommendation incorrectly applied the law to the facts of the case. *Respondent may not testify, call others to testify, or introduce any documentary or other evidence at the probable cause hearing.* The Commission will only decide whether Respondent should be *charged* with a violation and, before the Commission determines whether a violation has occurred or a fine should be imposed, Respondent will have an opportunity for another hearing at which evidence may be introduced.

If this is an **informal hearing**, it will be conducted pursuant Sections 120.569 and 120.57(2), Florida Statutes; Chapter 28 and Commission Rule 2B-1.004, Florida Administrative Code. At the hearing, the Commission will decide whether the Respondent committed the violation(s) charged in the Order of Probable Cause. The Respondent will be permitted to testify. However, the Respondent may not call witnesses to testify.

Respondent may argue why the established facts in the Staff Recommendation do not support the violations charged in the Order of Probable Cause. At Respondent's request, the Commission may determine whether Respondent's actions in the case were willful. The Respondent may also address the appropriateness of the recommended fine. If Respondent claims that his limited resources make him unable to pay the statutory fine, *he must provide the Commission with written proof of his financial resources* at the hearing. A financial affidavit form is available from the Commission Clerk.

# THIS FILE CONTAINS INFORMATION THAT IS CONFIDENTIAL AND EXEMPT FROM DISCLOSURE PURSUANT TO CHAPTER 119, FLORIDA STATUTES

#### STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

In Re: Alfred Santamaria

Case No.: FEC 16-247

#### STAFF RECOMMENDATION FOLLOWING INVESTIGATION

Pursuant to Section 106.25(4)(c), Florida Statutes, undersigned staff counsel files this written recommendation for disposition of the complaint in this case recommending that there is **probable cause** to charge Respondent with violating **Sections 106.07(5)**, and **106.19(1)(c)**, **Florida Statutes**. Based upon a thorough review of the Report of Investigation submitted on December 15, 2017, the following facts and law support this staff recommendation:

1. On July 28, 2016, the Florida Elections Commission ("Commission") received a sworn complaint from Juan-Carlos Planas ("Complainant"), alleging that Alfred Santamaria ("Respondent") violated Chapter 106, Florida Statutes.

2. Respondent was a 2016 candidate for Mayor of Miami-Dade County. (ROI Exhibit 13)<sup>1</sup>

3. By letter dated October 6, 2016, the Executive Director notified Respondent that Commission staff would investigate the following statutory provisions:

Section 106.07(5), Florida Statutes: Respondent, a 2016 candidate for Miami-Dade Mayor, filed one or more campaign treasurer reports that were either incorrect or incomplete, as alleged in the complaint.

Section 106.19(1)(c), Florida Statutes: Respondent, a 2016 candidate for Miami-Dade Mayor, falsely reported or deliberately failed to include information in one or more campaign reports required by Chapter 106, Florida Statutes, as alleged in the complaint.

4. On February 18, 2016, Respondent acknowledged that it was his responsibility to read, understand, and follow the requirements set forth in the Candidate Qualifying Handbook provided on the Miami-Dade County Elections Department's website. The handbook included information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes. (ROI Exhibit 14)

<sup>&</sup>lt;sup>1</sup> The Report of Investigation is referred to herein as "ROI."

#### Alleged Violation: Section 106.07(5), Florida Statutes

5. Complainant alleged that Respondent violated Florida's election laws by certifying that the campaign's 2016 P1 and 2016 P2 reports were true, correct, and complete when they were not. More specifically, Complainant alleged that the reports were incorrect because Respondent failed to report an expenditure for his qualifying fee.

6. Under Section 106.07, Florida Statutes, a campaign treasurer's report is required to contain all contributions received and all expenditures made during the reporting period.

7. Respondent's 2016 P1 Report (June 1, 2016 – June 24, 2016) does not disclose Respondent's qualifying fee. (ROI Exhibit 3) Respondent's filing officer's records show that Respondent made an \$1,800 expenditure for his qualifying fee on June 17, 2016, but failed to disclose it on the proper report. (ROI Exhibit 1) Respondent disclosed the qualifying fee on a subsequent report. (ROI Exhibit 4, page 5)

8. Respondent's 2016 P2 Report (June 25, 2016 – July 8, 2016) does not disclose an expenditure totaling \$300 (Check #1080), incorrectly discloses an expenditure totaling \$1,800 (Check #1076), and discloses an expenditure totaling \$27.70 (Office Depot) when no expenditure took place. (ROI Exhibit 1; ROI Exhibit 4, pages 4-5; ROI Exhibit 5; ROI Exhibit 7, page 2)

9. Respondent stated that he relied on his treasurer for the accuracy of his reports, but that he also reviewed and certified his reports. (ROI Exhibit 9, page 2)

10. Respondent certified that the campaign's 2016 P1, and 2016 P2 reports were true, correct, and complete when they were not.

#### Alleged Violation: Section 106.19(1)(c), Florida Statutes

11. Complainant alleged that Respondent violated Florida's election laws by falsely reporting or deliberately failing to include information required by Chapter 106, Florida Statutes. The reporting periods at issue begin with the 2016 P1 reporting period (from June 1, 2016) and end with the 2016 P2 reporting period (through July 8, 2016).

12. A subpoena was issued to Respondent's designated campaign depository to ascertain whether any contributions were received or expenditures were made during the relevant reporting periods which were not reported or falsely reported.

13. Respondent's filing officer's records show an \$1,800 expenditure to Miami-Dade County on June 17, 2016 that was not disclosed on the campaign's 2016 P1 Report. (ROI Exhibits 1 & 3) Respondent's bank records show a \$300 expenditure to Felipe Toquica on July 8, 2016 that was not disclosed on the campaign's 2016 P2 Report. (ROI Exhibits 4 & 5) Respondent's 2016 P2 Report discloses a \$27.70 expenditure to Office Depot on July 8, 2016 when no expenditure took place, and incorrectly discloses a \$1,800 expenditure to Miami-Dade County. (ROI Exhibit 1; ROI Exhibit 4, page 5; ROI Exhibit 7, page 2) 14. Respondent stated that he relied on his treasurer for the accuracy of his reports, but that he also reviewed and certified his reports. (ROI Exhibit 9, page 2)

15. Chapter 106, Florida Statutes, requires candidates to report any contributions received and any expenditures made for the purpose of influencing the results of an election. Respondent deliberately failed to include information required by Chapter 106, Florida Statutes, on the campaign's 2016 P1, and 2016 P2 reports, and falsely reported information required by Chapter 106, Florida Statutes, on the campaign's 2016 P2 Report.

16. "Probable Cause" is defined as reasonable grounds of suspicion supported by circumstances sufficiently strong to warrant a cautious person in the belief that the person has committed the offense charged. *Schmitt v. State*, 590 So. 2d 404, 409 (Fla. 1991). Probable cause exists where the facts and circumstances, of which an [investigator] has reasonably trustworthy information, are sufficient in themselves for a reasonable man to reach the conclusion that an offense has been committed. *Department of Highway Safety and Motor Vehicles v. Favino*, 667 So. 2d 305, 309 (Fla. 1st DCA 1995).

17. The facts set forth above show that Respondent was a 2016 candidate for Mayor of Miami-Dade County. Respondent certified that the campaign's 2016 P1, and 2016 P2 reports were true, correct, and complete when they were not. Respondent deliberately failed to include information required by Chapter 106, Florida Statutes, on the campaign's 2016 P1, and 2016 P2 reports, and falsely reported information required by Chapter 106, Florida Statutes, on the campaign's 2016 P2 Report.

Based upon these facts and circumstances, I recommend that the Commission find **probable cause** to charge Respondent with violating the following:

#### Count 1:

On or about June 29, 2016, Alfred Santamaria violated Section 106.07(5), Florida Statutes, when he certified that the campaign's 2016 P1 Report was true, correct, and complete when it was not.

#### **Count 2:**

On or about July 15, 2016, Alfred Santamaria violated Section 106.07(5), Florida Statutes, when he certified that the campaign's 2016 P2 Report was true, correct, and complete when it was not.

#### Count 3:

On or around June 29, 2016, Alfred Santamaria violated Section 106.19(1)(c), Florida Statutes, when he deliberately failed to include information required by Chapter 106, Florida Statutes, on the campaign's 2016 P1 Report.

#### Count 4:

On or around July 15, 2016, Alfred Santamaria violated Section 106.19(1)(c), Florida Statutes, when he deliberately failed to include information required by Chapter 106, Florida Statutes, on the campaign's 2016 P2 Report.

#### Count 5:

On or around July 15, 2016, Alfred Santamaria violated Section 106.19(1)(c), Florida Statutes, when he falsely reported information required by Chapter 106, Florida Statutes, on the campaign's 2016 P2 Report.

Respectfully submitted on January 24, 2018.

Stephanie J. Cunningham

Assistant General Counsel

I reviewed this Staff Recommendation this 244 day of January 2018.

Amy McKeever Toman Executive Director

# FLORIDA ELECTIONS COMMISSION REPORT OF INVESTIGATION Case No.: FEC 16-247

**Respondent:** Alfred Santamaria Counsel for Respondent: Anthony Gonzalez

**Complainant:** Juan-Carlos Planas Counsel for Complainant: None

On July 28, 2016, the Florida Elections Commission ("Commission") received a sworn complaint alleging that Respondent violated Chapter 106, Florida Statutes. Commission staff investigated whether Respondent violated the following statutes:

Section 106.07(5), Florida Statutes, prohibiting a candidate from certifying to the correctness of a campaign treasurer's report that is incorrect, false or incomplete; and

Section 106.19(1)(c), Florida Statutes, prohibiting a person or organization from falsely reporting or deliberately failing to report information required by Chapter 106, Florida Statutes.

#### I. Preliminary Information:

1. Respondent was a candidate for Mayor for Miami-Dade County. Seven candidates were vying for the seat; he finished fourth. The election was held on August 30, 2016. The incumbent candidate, Carlos Gimenez, faced Raquel Regalado in the November 8, 2016, run-off election; Mr. Gimenez was re-elected.

2. Anthony Gonzalez represented Respondent during the investigation.

3. Complainant served as an assistant state attorney in Miami-Dade County from 1998 – 2002. Complainant served as a member of the Florida House of Representative from January 2003 to January 2011. He has been a member of the Florida Bar since September 29, 1998.

4. Christina White, Miami-Dade County Supervisor of Elections, served as the filing officer for Respondent's campaign.

#### II. Alleged Violation of Section 106.07(5), Florida Statutes:

5. I investigated whether Respondent violated this section of the election laws by certifying that a campaign treasurer's report was true, correct and complete when it was not.

6. According to Complainant, Respondent did not disclose his qualifying check. Complainant stated that records from the Miami-Dade County Supervisor of Elections' office

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show that Respondent's qualifying check was received on June 17, 2016; however, "Santamaria [Respondent] does not list his qualifying fee as an expenditure on his report." To review Respondent's qualifying check, refer to Exhibit 1.

7. According to documents from the Miami-Dade County Supervisor of Elections' office, Respondent filed his Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates (DS-DE 9) forms on February 18, 2016. The forms designated Mr. Alberto Ibarra as his campaign treasurer. Ms. Darling Rozo and Ms. Leonor Santamaria were designated as deputy treasurers. To review the DS-DE 9 forms, refer to Exhibit 2.

8. I reviewed Respondent's 2016 P1 Report. The report covers the period from June 1, 2016 through June 24, 2016. (Respondent issued the qualifying check on June 17, 2016.) Respondent filed the report on June 29, 2016; he certified<sup>1</sup> that the report was true, correct and complete. The contributions in the report agree with bank records; however, the report does not disclose the expenditure for the qualifying fee. To review the 2016 P1 Report, refer to Exhibit 3.

9. I reviewed Respondent's 2016 P2 Report. The report covers the period from June 25, 2016 through July 7, 2016. Respondent filed the report on July 15, 2016; he certified that the report was true, correct and complete. The report discloses the expenditure for qualifying fee on June 29, 2016. (The date the check posted at the bank.) To review the 2016 P2 Report, refer to Exhibit 4. To review the check issued for the qualifying fee, refer to Exhibit 1.

 compares the information disclosed on the campaign treasurer's report (CTR) with bank records.

 TABLE 1: COMPARISON OF RESPONDENT'S CTRs with Bank Records

 Date
 Reporting
 Information on CTR
 Information from bank

 Filed
 Baried
 Baried
 Information from bank

I subpoenaed bank records from the campaign depository. The table below

Date Filed	Reporting Period	Information on CTR	Information from bank
06/29/16	06/01 to 06/24/16 2016 P1 Original	<ul> <li>Not disclosed on CTR</li> <li>Contributions agree with bank records</li> </ul>	• Check #1076 dated 06/17/16 to Miami-Dade County for \$1800
07/15/16	06/25 to 07/08/16 2016 P2 Original	<ul> <li>Not disclosed on CTR</li> <li>CTR discloses the expenditure on 06/29/16</li> <li>Not disclosed on CTR</li> </ul>	<ul> <li>Check # 175 dated 06/24/16 from Vilma L. Montalvan for \$25</li> <li>Check #1076 dated 06/17/16 to Miami-Dade County for \$1800</li> <li>Check #1079 issued on 07/01/16 to Felipe Toquica for #300</li> </ul>

10.

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<sup>&</sup>lt;sup>1</sup> According to a representative from the supervisor of elections' office, the candidate certifies the report by entering his password and VR ID number. He stated the system will not show that a report has been filed until both the password and VR ID# are entered and transmitted. He added that the password and VR ID# is accepted as his/her electronic signature.

• Not disclosed on CTR	• Check #1080 issued on 07/08/16 to Felipe Toquica for \$300
• Not disclosed on CTR	• Debit to Instagress on 07/05/16 for \$23.74
• Not disclosed on CTR	• Debit to Office Depot on 07/07/16 for \$39.58 posted on 07/07/16
• Expenditure to Office Depot on 07/08/16 for \$27.70	• Not in bank records

To review the qualifying check, refer to Exhibit 1. To review other checks, refer to Exhibit 5. To review the June bank statement, refer to Exhibit 6. To review the July bank statement, refer to Exhibit 7. To review the 2016 P1 Report, refer to Exhibit 3. To review the 2016 P2 Report, refer to Exhibit 4. To review the monthly bank statement, refer to Exhibit 6.

11. Mr. Gonzalez, Respondent's attorney, filed a written response to the complaint. He did not address why the qualifying check was not disclosed on the 2016 P1 Report. He stated, "The Complaint is nothing more than a fishing expedition in an attempt to unjustly harm Mr. Santamaria's [Respondent's] campaign." To review the written response, refer to Exhibit 8.

12. I asked Respondent in a questionnaire if he reviewed campaign reports before certifying to their correctness; he answered affirmatively. He added that he relied on his treasurer for accuracy. When asked what procedures the campaign used to ensure the accuracy of the reports; he replied, "I had a professional CPA in charge of reviewing and supportive company reports." To review Respondent's affidavit, refer to Exhibit 9.

13. On October 4, 2017, I interviewed Mr. Ibarra, Respondent's treasurer by telephone. I asked Mr. Ibarra what procedures were used to ensure the accuracy of campaign reports. He stated the he compared information received from Ms. Rozo, deputy treasurer, with the bank statements. He explained that he was responsible for the submission of the campaign reports and Ms. Rozo was responsible for the day-to-day operations.

14. No record of Respondent having previously violated this section of the election laws was found.

#### III. Alleged Violation of Section 106.19(1)(c), Florida Statutes:

15. I investigated whether Respondent violated this section of the election laws by falsely reporting or deliberately failing to include information on his campaign reports that is required by Chapter 106, Florida Statutes.

16. To review the information pertaining to this section of law, refer to paragraphs 6 through 13 of this report.

17. No record of Respondent having previously violated this section of the election laws was found.

#### **IV. FEC History:**

18. Respondent has not previously appeared before the Commission.

#### **Conclusion:**

19. On December 14, 2017, I interviewed Mr. Gonzalez, Respondent's attorney, by telephone. I informed Mr. Gonzalez that the Report of Investigation was complete. He stated that he would reserve making any final comments until after he read the Report of Investigation.

20. According to the filing officer, Respondent was a first-time candidate. She stated that Respondent did not attend their training seminar but Respondent's treasurer and attorney did attend the training. She stated that Respondent was provided copies of Chapter 106, Florida Statutes and the 2016 Candidate and Campaign Treasurer Handbook. To review the Affidavit of Filing Officer, refer to Exhibit 10. To review the sign-in sheet for the seminar, refer to Exhibit 11. To review relevant pages of the Handbook, refer to Exhibit 12.

21. Respondent stated in a questionnaire affidavit that he was a first-time candidate. He stated that he has never served as an officer for a political committee. He acknowledged receiving and reading Chapter 106, Florida Statutes and the 2016 Candidate and Campaign Treasurer Handbook. When asked what actions he took to determine his responsibilities under Florida's election laws; he replied, "N/A." To review Respondent's affidavit, refer to Exhibit 9.

22. On February 18, 2016, Respondent filed a Statement of Candidate form certifying that he had been provided access to read and understand the requirements of Chapter 106, Florida Statutes. He also filed an "Access to Handbook" form that reads, "I acknowledge that it is my responsibility to read, understand and follow the requirements as described in the following resources available on the Miami-Dade County Elections Department Website." The box next to "Candidate Qualifying Handbook" is checked. To review the Statement of Candidate form, refer to Exhibit 13. To review the Access to Handbook form, refer to Exhibit 14.

Respectfully submitted on December 15, 2017.

je B. Nade

Margie B. Wade Investigation Specialist

# **Current address of Respondent**

Mr. Alfred Santamaria 8181 NW 36<sup>th</sup> Street, Suite 21B Doral, Florida 33166 Current address of Complainant

The Honorable Juan-Carlos Planas 600 Brickell Avenue, Suite 1715 Miami, Florida 33131

# Current Address of Respondent's Atty.:

Anthony Gonzalez, Esquire Gonzalez Law Offices, P.A. 2655 South Le Jeune Road, Suite 544 Coral Gables, Florida 33134

Name and Address of Filing Officer:

Ms. Christina White Miami-Dade County Supervisor of Elections Post Office Box 521550 Miami, Florida 33152-1550

Copy furnished to:

David Flagg, Investigations Manager

# FLORIDA ELECTIONS COMMISSION REPORT OF INVESTIGATION Alfred Santamaria -- FEC 16-247

	LIST OF EXHIBITS
Exhibits #s	Description of Exhibits
Exhibit 1	Qualifying Check
Exhibit 2	DS-DE 9 Forms
Exhibit 3	2016 P1 Report
Exhibit 4	2016 P2 Report
Exhibit 5	Other Checks
Exhibit 6	June Bank Records
Exhibit 7	July Bank Records
Exhibit 8	Written Response
Exhibit 9	Respondent's Affidavit
Exhibit 10	Affidavit of Filing Officer
Exhibit 11	Seminar Sign-in Sheet
Exhibit 12	Relevant Pages of the Candidate Handbook
Exhibit 13	Statement of Candidate Form
Exhibit 14	Access to Handbook Form

	OFFICIAL RE	rLORIDA		No. 72918 <b>0</b> 3	#3
	RECEIVED FROM A	ed Somlamonia	DATE	<u>6 1 17 1</u> MONTH DAY	16
	Address <u>8181 NU</u>	136th Street Suit	12,21B Cash	\$	•
	Dorol	STREET ADDRESS	<u>33116</u> Checks zip	s <u>\$ 1800</u>	ن <i>ب</i>
		17 Acunity POLLARS, AND	00 cents Total	\$\$00	0 <sub>1</sub> .
		ATED. COMPLETED AND SIGN	ED BY AUTHORIZ	ED/BMPLOYEE OF DEPA	RTMENT.
Dept.:		Br:	A. 1/0 112550	Innsce A	
FOR OI	FFICE USE ONLY			, 	
TRANS	Subsidiary	INDEX CODE	Subobject	Amount	
107.01-1 6/04	· · ·		IIIIIII	<b>────────</b> ────────────────────────────	
· ·	Pay to the Order of CISA + e c West Fargo Bank J Forda West Sargo Cank J Forda	NTAMARIA CAMPAIGN FOR MAYO NW 36TH ST STE 21B AL, FL 33166-6641 1 a m 1 Dade Co 2n hundred	6/17/16 Donty 1	1076 63-751/631 10710	
			ELECTIONS DE MAMI-DADE 2016 JUN 17		
		AED	RECEL		
		EXHIBIT (			

				·	$\bigcirc$				
DEPOSITORY F (Section 106	ON OF CAMPAIGN OR CANDIDATES 3.021(1), F.S.) INT OR TYPE) a on file with the qua			-	2016 FEB 1	EIVEI 8 AMII 11-DADI CTIONS	:23 E	EUSE	ONLY
1. CHECK APPROPRIATE I	BOX(ES): Re-filing to Change	: ГЛ Т	reasur	er/Deputy	Deposito	orv 🗖	Office		Party
2. Name of Candidate (in th Alfred: Santamar 4. Telephone	is order: First, Middle, I	_ast)	3. co 81	Address (inc de)	ude post offic	ce box or s	street, city,		
6. Office sought (include dis , Miami-Dade County Ma				7. If a ca applic	-	a <u>nonparti</u> is to run a			
8. If a candidate for a <u>partis</u>	san office, check bloc	k and fil	l in na	me of party a	as applicable	e: My inte	ent is to ru	n as a didate.	
9. I have appointed the foll 10. Name of Treasurer or De Alberto J. Ibarra	owing person to act a	s my		Campaign Tr	easurer	] Deput	ly Treasur		
11. Mailing Address 8181 NW 36 St., Suite 2	1B					12. Telej 305	phone ) 427-	933	6
13. City Doral	14. County Miami-Dade	15. St FL		16. Zip Code 33166	santamari				om
18. I have designated the for 19. Name of Bank	ollowing bank as my	2		imary Deposi	tory	Seconda	ary Deposi	tory	
Wells Fargo Bank, N.A. 21. City Miami	22. County Miami-Dade		1	NW 87 Av 23. Sta FL			24. Zip 0 33172	Code	
UNDER PENALTIES OF PERJUR DESIG	Y, I DECLARE THAT I HAVE NATION OF CAMPAIGN DE	READ TH	E FORE	GOING FORM	FOR APPOINTN	MENT OF CA	MPAIGN TR	EASUR	ER AND
25. Date February 18, 2016			·····	ignature of C		n.			
27. Treasurer 1, $\underline{A/bGR} \underline{b} \underline{1}$ . designated above as: $\underline{76} \underline{b} \underline{18}, 200$ Date	(Please Print or Type	Name)		$\neq $		appropriat	·	bintmer	nt
Date			Signa	ture of Camp	aign Treasur	er or Depu	ity Treasu	rer	

DS-D	E 9	(Rev.	10/10)
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EXHIBIT 2 page 1 of 2

Rule 1S-2.0001, F.A.C.

					()			
DEPOSITORY F (Section 10	ON OF CAMPAIG FOR CANDIDATES 6.021(1), F.S.) RINT OR TYPE) e on file with the que campaign account.	N S ualifying	reasurer/E	ette channess of 617200	2016 FEB	MI-DAD CTIONS	1 <b>1: 23</b> DE	USE ONLY
2. Name of Candidate (in the Alfred Street		Last)	3. Add code)	lress (includ	le post offic	e box or s	treet, city,	state, zip
Obry an and	ria 5. E-mail address Santamariacampaig Gmail·com	2016 n@		NW 36 SI	., Suite 2	1B, Dora	ıl, FL 331	66
6. Office sought (include d	istrict, circuit, group nu	mber)		7. If a cand applicat				, <b>check if</b> n candidate.
8. If a candidate for a part		ck and fill	in name	of party as	applicable	: My inte	ent is to rur	n as a
Write-In No F	Party Affiliation	<u></u>			······	Pa	rty cano	lidate.
9. I have appointed the fol	lowing person to act	as my	Can	npaign Trea	surer 🔀	Deput	y Treasure	er
10. Name of Treasurer or D	eputy Treasurer							
Darling Rozo		······						
11. Mailing Address						12. Telep	ohone イフアータン	27/
8181 NW 36 St., Suite 2	<u></u>	45 84-	ata 146	7in Cada	17 E mai	, , , , , , , , , , , , , , , , , , ,		
13. City Doral	14. County Miami-Dade	15. Sta	ate 16. 331	Zip Code 166	17. E-mai Santama	r ia.camp	aigneg	nail.com
18. I have designated the	following bank as my		Prima	ry Deposito	ry 🔲	Seconda	ry Deposite	ory
19. Name of Bank			20. Addr	ess				
Wells Fargo Bank, N.A.	·		1700 N	N 87 Ave				
21. City	22. County			23. State			24. Zip C	ode
Miami	Miami-Dad	e		FL			33172	
UNDER PENALTIES OF PERJUR	RY, I DECLARE THAT I HAN GNATION OF CAMPAIGN I							EASURER AND
25. Date			26. Signa	ature of Car	ididate	/		
February 18, 2016			<b>X</b> <	$\leftarrow 2$	_/n	<b>7</b> 、		
1, Darling 1	r's Acceptance of Ap	e Name)			, do her		e block) It the appo	intment
designated above as:		n Treasure	' ×	Deputy Tre	asurer.			
/8-	1.6	<u>X</u>	Signatur	tot Campai	<u> </u>	ar or Denu	ty Trogeur	or
			Signature	o Gampa	ay neasure	n or Liopu	iy neasu	ч) 

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| DS-DE 9 (Rev | . 10/10) |
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EXHIBIT <u>2 page 2 g2</u>

|                                                                                                                                    | C                                                                              | )                                   |                                        |               |              | $\bigcirc$     |                   |                        |            |          |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|---------------|--------------|----------------|-------------------|------------------------|------------|----------|
| APPOINTMENT OF C<br>AND DESIGNAT<br>DEPOSITORY<br>(Section 10<br>(PLEASE P<br>NOTE: This form must b<br>officer before opening the | RECEIVED<br>2016 FEB 18 AM 11:23<br>MIAMI-DADE<br>ELECTIONS<br>OFFICE USE ONLY |                                     |                                        |               |              |                |                   |                        |            |          |
| 1. CHECK APPROPRIATE                                                                                                               | •                                                                              | •                                   | <b>—</b> +                             |               | <b>.</b>     |                |                   | 0.6                    | <b>I</b> 1 | Dente    |
| Initial Filing of Form                                                                                                             |                                                                                | filing to Change:                   |                                        | reasurer/     |              | _ Deposito     |                   | Office                 | <u> </u>   | Party    |
| 2. Name of Candidate (in t                                                                                                         |                                                                                | : First, Middle, La                 | ast)                                   | 3. Ad         | •            | ide post offic | ce box or s       | street, city,          | state, 2   | zip      |
| Alfredo Santama                                                                                                                    | aria                                                                           |                                     |                                        |               | /            |                |                   |                        |            |          |
| 4. Telephone<br>(305) リッフ- 9336                                                                                                    | 5. E-ma<br>santam<br>@gma                                                      | il address<br>ariacampaig<br>1. com | n 2016                                 | 8181          | NW 36 S      | St., Suite 2   | 1B, Dora          | al, FL 33 <sup>-</sup> | 166        |          |
| 6. Office sought (include o                                                                                                        | listrict, ci                                                                   | cuit, group numb                    | per)                                   |               | 1            | ndidate for a  | a <u>nonparti</u> | isan office            | e, chec    | :k if    |
| Miami-Dade County M                                                                                                                | layor                                                                          |                                     |                                        |               | applica      |                | is to run a       | s a Write-I            | n cand     | idate.   |
| 8. If a candidate for a part                                                                                                       | tisan offi                                                                     | ce, check block                     | and fill                               | l in name     | of party as  | s applicable   | e: My inte        | ent is to ru           | n as a     |          |
|                                                                                                                                    | Party Affi                                                                     |                                     | ************************************** |               |              |                |                   |                        | didate.    |          |
| 9. I have appointed the fo                                                                                                         | llowing                                                                        | person to act as                    | ; my                                   | 🗌 Ca          | mpaign Tre   | asurer 🛛       | Deput             | ty Treasure            | ər         |          |
| 10. Name of Treasurer or E                                                                                                         | Deputy Tr                                                                      | easurer                             |                                        |               |              |                |                   |                        |            |          |
| Leonor Santamaria                                                                                                                  |                                                                                |                                     |                                        |               |              |                | <b>*</b>          |                        |            |          |
| 11. Mailing Address                                                                                                                |                                                                                |                                     |                                        |               |              |                | 12. Tele          |                        | · ~ ~ .    | ,        |
| 8181 NW 36 St., Suite                                                                                                              |                                                                                |                                     | ·                                      |               |              |                |                   | 1477-9                 | 1336       | <i>w</i> |
| 13. City                                                                                                                           |                                                                                | ounty                               | 15. Sta                                | 1             | i. Zip Code  |                | il address        | Sur Oatt               | 3          | Leon     |
| Doral                                                                                                                              |                                                                                | ii-Dade                             | FL                                     |               | 166          | santama        |                   |                        |            | I. COM   |
| 18. I have designated the                                                                                                          | followin                                                                       | g bank as my                        | l2                                     | S Prim        | ary Deposite | ory 🗌          | Seconda           | ary Deposit            | lory       |          |
| 19. Name of Bank                                                                                                                   |                                                                                |                                     |                                        | 20. Add       |              |                |                   |                        |            |          |
| Wells Fargo Bank, N.A                                                                                                              | •                                                                              | 00.0                                |                                        | 1700 N        | W 87 Ave     |                |                   |                        |            |          |
| 21. City<br>Miami                                                                                                                  |                                                                                | 22. County<br>Miami-Dade            |                                        |               | 23. State    | 9              |                   | 24. Zip C<br>33172     | ode        |          |
| UNDER PENALTIES OF PERJU                                                                                                           |                                                                                |                                     |                                        |               |              |                |                   | MPAIGN TR              | EASURI     | ER AND   |
| 25. Date                                                                                                                           | GINATION                                                                       |                                     | oonon                                  | ······        | nature of Ca |                |                   |                        |            |          |
| February 18, 2016                                                                                                                  |                                                                                |                                     |                                        | X             |              |                |                   |                        |            |          |
| 27. Treasure                                                                                                                       | er's Acco                                                                      | ptance of Appo                      | intmen                                 | t (fill in th | e blanks an  | d check the    | appropriat        | te block)              |            |          |
| 1. Lange S                                                                                                                         |                                                                                | 1                                   | S. 1. A.                               | /             | / /          | , do hei       | reby accer        | ot the appo            | intmen     | nt       |
| 1. Jeonor S                                                                                                                        |                                                                                | e Print or Type N                   |                                        | {             |              | 100110         |                   | and obbe               |            |          |
| l, <u>FEGYICIE</u><br>designated above as:                                                                                         |                                                                                | ie Print or Type N<br>Campaign T    | Name)                                  | er (X         | Deputy T     |                | ~                 |                        |            |          |
|                                                                                                                                    | (Pleas                                                                         | e Print or Type N                   | Name)                                  | L.            | Leo          |                | é                 |                        |            |          |

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

| CAMPAIGN TREASURE                                                                              | ER'S REPORT SUMMARY                                              |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| (1) Alfred Santamaria                                                                          | OFFICE USE ONLY                                                  |
| Name                                                                                           | ONLINE SUBMISSION                                                |
| (2) 3750 NW 87th Avenue; Suite 520                                                             | Submitted on:                                                    |
| Address (number and street)                                                                    | 6/29/2016 16:17:26 (eastern)                                     |
| Doral, FL 33178                                                                                |                                                                  |
| City, State, Zip Code                                                                          |                                                                  |
| Check here if address has changed                                                              | (3) ID Number: 1470                                              |
| (4) Check appropriate box(es):                                                                 |                                                                  |
| Candidate Office Sought: <u>Mayor</u>                                                          |                                                                  |
| <ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> </ul> | Check here if PC or ECO has disbanded                            |
| Party Executive Committee (PTY)                                                                | Check here if PTY has disbanded                                  |
| Independent Expenditure (IE) (also covers an individual making electioneering communications)  | Check here if no other IE or EC reports will be filed            |
|                                                                                                |                                                                  |
| (5) Repor                                                                                      | t Identifiers                                                    |
| Cover Period: From 6 / 1 / 2016 To                                                             | 0 6 / 24 / 2016 Report Type: 16P1                                |
|                                                                                                | becial Election Report                                           |
| 6) Contributions This Report                                                                   | (7) Expenditures This Report                                     |
| Cash & Checks \$,3 ,9500                                                                       | Monetary<br>Expenditures \$, 1, 182.32                           |
| Loans \$,,0.00                                                                                 | Transfers to<br>Office Account \$ , 0.00                         |
| Total Monetary       \$                                                                        | Total Monetary \$, 1 , 182 . 32                                  |
| In-Kind \$,, 0.00                                                                              |                                                                  |
|                                                                                                | (8) Other Distributions<br>\$,,000                               |
| (9) TOTAL Monetary Contributions To Date<br>\$, <u>37</u> , <u>937</u> , <u>66</u>             | (10) TOTAL Monetary Expenditures To Date<br>\$,34_,77351_        |
|                                                                                                | rtification<br>son to falsify a public record (ss. 839.13, F.S.) |
| I certify that I have examined this report and it is true, cor                                 | rect, and complete:                                              |
| •                                                                                              |                                                                  |
| (Type name)                                                                                    | (Type name)                                                      |
| X                                                                                              | x                                                                |
| Signature                                                                                      | Signature                                                        |
| S-DE 12 (Rev. 11/13)                                                                           | SEE REVERSE FOR INSTRUCTION                                      |

EXHIBIT <u>3 pagel 34</u>

# **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

| (1) Name _       | Alfred Santamaria                                                                  |           | (2) I.D. Number1470         |              |             |           |                   |  |  |
|------------------|------------------------------------------------------------------------------------|-----------|-----------------------------|--------------|-------------|-----------|-------------------|--|--|
|                  | 6/1/2016                                                                           | •         | 6                           | /24/2016     |             | 1         | 0                 |  |  |
| (3) Cover Pe     | riod / /                                                                           | thr       | ough                        | / /          | (4) Page    | •         | of _2             |  |  |
| (5)<br>Date      | (7)<br>Full Name                                                                   |           | (8)                         | (9)          | (10)        | (11)      | (12)              |  |  |
| (6)<br>Sequence  | (Last, Suffix, First, Middle)<br>Street Address &                                  | 1         | ontributor                  | Contribution | In-kind     | Amendment | A menunt          |  |  |
| Number           | City, State, Zip Code<br>Shefer Law Firm PA                                        | Type<br>B | Occupation<br>lawyers       | Туре<br>СН   | Description | Amenument | Amount<br>\$300.0 |  |  |
| 6/10/2016<br>/ / | , Maria<br>20801 Biscayne Blvd, Ste 30<br>AVENTURA, FL 33150                       |           | TawyELS                     |              |             |           |                   |  |  |
|                  |                                                                                    |           |                             |              |             |           |                   |  |  |
| 6/14/2016<br>/ / | All Around Home<br>Health Agency,<br>.75 Fountainebleau Blvd, 4<br>MIAMI, FL 33172 | B<br>120  | home<br>health<br>agency    | СН .         |             |           | \$200.0           |  |  |
| 2                |                                                                                    |           |                             |              |             |           |                   |  |  |
| 6/14/2016        | Olivo, Mario                                                                       | I         | medical                     | СН           |             |           | \$100.0           |  |  |
| <u> </u>         | 7655 NW 42nd Place, Apt 160<br>SUNRISE, FL 33351                                   |           | admin<br>support            |              |             |           |                   |  |  |
| 3                |                                                                                    |           |                             |              |             |           |                   |  |  |
| 6/17/2016<br>/ / | Escobar, Erwin<br>Mauricio<br>140 SE 20 Terrace<br>HOMESTEAD, F1 33033             | I         | high<br>school<br>teacher   | СН           |             |           | \$800.0           |  |  |
| 4                |                                                                                    |           |                             |              |             | *         |                   |  |  |
| 6/17/2016<br>/ / | Lopez, Maria del<br>Carmen<br>810 Coral Ridge Dr. Apt :<br>Coral Springs, fl 33071 | I<br>201, | plan<br>administra<br>tor   | СН           |             |           | \$1,000.0         |  |  |
| 5                |                                                                                    |           |                             |              |             |           |                   |  |  |
| 6/17/2016<br>/ / | Leyva, Sergio<br>Alberto<br>8275 NW 74 Street<br>Medley, fl 33166                  | I         | business<br>owner           | СН           |             |           | \$250.0           |  |  |
| 6                |                                                                                    |           |                             |              |             |           |                   |  |  |
| 6/17/2016        | Alvarez, Johana<br>15481 SW 21 TERRACE<br>Miami, Fl 33185                          | I         | supply<br>chain<br>analyst  | СН           |             |           | \$50.C            |  |  |
| 7                |                                                                                    |           | anaryst                     |              |             |           |                   |  |  |
| 6/17/2016<br>/ / | Angel Condom, PA ,<br>3650 NW 82 Ave Suite 308,<br>Doral, fl 33166                 | В         | real<br>estate<br>paralegal | СН           |             |           | \$500.0           |  |  |
| 8                |                                                                                    |           |                             |              |             |           |                   |  |  |
|                  |                                                                                    |           | 1                           |              |             |           | 1                 |  |  |

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EXHIBIT <u>3 page 2 94</u>

# **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

| (1) Name _                               | Alfred Santamaria                                           | (2) I.D. Number |                        |                 |             |             |                                       |  |  |
|------------------------------------------|-------------------------------------------------------------|-----------------|------------------------|-----------------|-------------|-------------|---------------------------------------|--|--|
| (3) Cover Pe                             | 6/1/2016<br>riod / /                                        | thr             |                        | /24/2016        | (4) Pag     | <b>je</b> 2 | of _2                                 |  |  |
| (5)<br>Date<br>(6)                       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)           |                 | (8)                    | (9)             | (10)        | (11)        | (12)                                  |  |  |
| Sequence                                 | Street Address &                                            | c               | ontributor             | Contribution    | In-kind     |             |                                       |  |  |
| Number                                   | City, State, Zip Code                                       | Туре            | 4                      | Туре            | Description | Amendment   | Amount                                |  |  |
| 6/17/2016<br>/ /                         | Montalvan, Vilma<br>6461 SW 43RD Street<br>miami, fl 33155  | I               |                        | СН              |             |             | \$25.0                                |  |  |
| 9                                        |                                                             |                 |                        |                 |             |             |                                       |  |  |
| 6/17/2016<br>/ /                         | De Jesus, Alberta<br>16701 SW 280 ST<br>HOMESTEAD, F1 33031 | I               |                        | СН              |             |             | \$10.0                                |  |  |
| 10                                       |                                                             |                 |                        |                 | -<br>-      |             |                                       |  |  |
| 6/17/2016                                | Posso, Carolina                                             |                 | industrial<br>engineer | СН              |             |             | \$260.0                               |  |  |
| 1 1                                      | WESTON, FL 33327                                            |                 |                        |                 |             |             |                                       |  |  |
|                                          |                                                             |                 |                        | ·               |             |             |                                       |  |  |
| /                                        |                                                             |                 |                        |                 |             |             |                                       |  |  |
|                                          |                                                             |                 |                        |                 |             |             |                                       |  |  |
| 1 1                                      |                                                             |                 |                        |                 |             |             |                                       |  |  |
|                                          |                                                             |                 |                        |                 |             |             |                                       |  |  |
| 1 1                                      |                                                             |                 |                        | / 14 14 14 - 14 |             |             | · · · · · · · · · · · · · · · · · · · |  |  |
|                                          |                                                             |                 |                        |                 |             |             |                                       |  |  |
|                                          |                                                             |                 |                        |                 |             |             |                                       |  |  |
|                                          |                                                             |                 |                        |                 |             |             |                                       |  |  |
|                                          |                                                             |                 |                        |                 |             |             |                                       |  |  |
| <u>, , , , , , , , , , , , , , , , ,</u> |                                                             |                 |                        |                 |             |             |                                       |  |  |
|                                          |                                                             |                 |                        |                 |             |             |                                       |  |  |

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EXHIBIT <u>3 page 3 g 4</u>

| 1 / Maine                 | red Santamaria<br>6/1/2016 6                                               | 5/24/2016                                                | 2) I.D. Numbe       |           | · · · · · · · · · · · · · · · · · · · |
|---------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|---------------------|-----------|---------------------------------------|
| 3) Cover Peric            | od/ /through                                                               | (                                                        | 4) Page <u>1</u>    | of        | 1                                     |
| (5)<br>Date               | (7)<br>Full Name                                                           | (8)<br>Purpose                                           | (9)                 | (10)      | (11)                                  |
| (6)<br>Sequence<br>Number | (Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type | Amendment | Amount                                |
| 6/2/2016<br>1             | RIzzi, Angela<br>101 Crandon Blvd 246<br>Key Biscayne, fl 33149            | event<br>coordinator                                     | МО                  |           | \$500.00                              |
| 6/8/2016                  | ROZO, DARLING<br>1421 SW 107 Ave, #415<br>MIAMI, Fl 33174-                 | treasure.<br>service                                     | MO                  |           | \$220.00                              |
| 6/8/2016                  | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                         | bank charges                                             | MO                  |           | \$39.00                               |
| 3                         |                                                                            |                                                          |                     |           |                                       |
| 6/6/2016                  | CASA VIEJA RESTAURANT,<br>8872 SW 24th ST<br>Miami, Fl 33165               | lunch<br>meeting                                         | MO                  |           | \$250.0                               |
| 6/21/2016                 | The Home Depot,<br>11305 SW 40TH ST<br>MIAMI, FL 33165                     | copy of office<br>keys                                   | МО                  |           | \$24.9                                |
| 6/22/2016                 | Comcast,<br>12641 Corporate Lakes Dr<br>Fort Myers, FL 33913               | office internet                                          | МО                  |           | \$142.2                               |
| 6/24/2016<br>///<br>7     | SQUARE INC,<br>1455 Market St STE 600<br>SAN FRANCISCO, Ca 94103           | merchant<br>charges                                      | MO                  |           | \$7.1                                 |
| 11                        |                                                                            |                                                          |                     |           |                                       |

DS-DE 14 (Rev. 11/13)

EXHIBIT <u>3 page 4 9 4</u>

| CAMPAIGN TREASURE                                                                                                                                                                                                                                                                      | ER'S REPORT SUMMARY                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Alfred Santamaria                                                                                                                                                                                                                                                                  | OFFICE USE ONLY<br>ONLINE SUBMISSION                                                                                                                              |
| (2) 3750 NW 87th Avenue; Suite 520                                                                                                                                                                                                                                                     | [1113034]                                                                                                                                                         |
| Address (number and street)                                                                                                                                                                                                                                                            | Submitted on:                                                                                                                                                     |
| Doral, FL 33178                                                                                                                                                                                                                                                                        | 7/15/2016 11:33:09 (eastern)                                                                                                                                      |
| City, State, Zip Code                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| Check here if address has changed                                                                                                                                                                                                                                                      | (3) ID Number: 1470                                                                                                                                               |
| (4) Check appropriate box(es):                                                                                                                                                                                                                                                         | · · · ·                                                                                                                                                           |
| <ul> <li>Candidate Office Sought: Mayor</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul> | <ul> <li>Check here if PC or ECO has disbanded</li> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul> |
| (5) Report                                                                                                                                                                                                                                                                             | t Identifiers                                                                                                                                                     |
| Cover Period: From <u>6</u> / <u>25</u> / <u>2016</u> To                                                                                                                                                                                                                               | 7 / 8 / 2016 Report Type: <u>16P2</u>                                                                                                                             |
| ∑ Original                                                                                                                                                                                                                                                                             | ecial Election Report                                                                                                                                             |
| 6) Contributions This Report                                                                                                                                                                                                                                                           | (7) Expenditures This Report                                                                                                                                      |
| Cash & Checks \$,2 , 990 . 00                                                                                                                                                                                                                                                          | Monetary<br>Expenditures \$,4 , 973 . 83                                                                                                                          |
| Loans \$,,0.00                                                                                                                                                                                                                                                                         | Transfers to       Office Account       \$                                                                                                                        |
| Fotal Monetary       \$, 2, 990       00         n-Kind       \$, 0.00                                                                                                                                                                                                                 | Total Monetary \$, 4,973.83                                                                                                                                       |
| n-Kind \$, <u>0</u> .00                                                                                                                                                                                                                                                                | (8) Other Distributions                                                                                                                                           |
|                                                                                                                                                                                                                                                                                        | \$,,,                                                                                                                                                             |
| (9) TOTAL Monetary Contributions To Date<br>\$, <u>40</u> , <u>927</u> . <u>66</u>                                                                                                                                                                                                     | (10) TOTAL Monetary Expenditures To Date<br>\$,39_,74734                                                                                                          |
|                                                                                                                                                                                                                                                                                        | tification<br>son to falsify a public record (ss. 839.13, F.S.)                                                                                                   |
| I certify that I have examined this report and it is true, cor                                                                                                                                                                                                                         | rect, and complete:                                                                                                                                               |
| (Type name)                                                                                                                                                                                                                                                                            | (Type name)                                                                                                                                                       |
| Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)                                                                                                                                                                                                            | Candidate Chairperson (only for PC and PTY)                                                                                                                       |
| <u>X</u>                                                                                                                                                                                                                                                                               | <u>X</u>                                                                                                                                                          |
| Signature                                                                                                                                                                                                                                                                              | Signature                                                                                                                                                         |

EXHIBIT <u>Apage 1 95</u>

# **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

| (1) Name _                 | Alfred Santamaria                                                                                      | (2) I.D. Number |                                          |               | 470         |           |                   |
|----------------------------|--------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------|---------------|-------------|-----------|-------------------|
| (3) Cover Pe               | 6/25/2016<br>riod / /                                                                                  | thr             |                                          | /8/2016<br>// | (4) Pag     | e _1      | of _2             |
| (5)<br>Date                | (7)<br>Full Name                                                                                       |                 | (8)                                      | (9)           | (10)        | (11)      | (12)              |
| (6)<br>Sequence            | (Last, Suffix, First, Middle)<br>Street Address &                                                      |                 | ontributor                               | Contribution  | In-kind     |           |                   |
| Number<br>6/28/2016<br>/ / | City, State, Zip Code<br>Aquatic Sport and<br>Bicycles LLC,<br>11272 SW 246 Ter<br>Homestead, FL 33178 | В               | Occupation<br>aqua<br>bicycle<br>rentals | Туре<br>СН    | Description | Amendment | Amount<br>\$100.0 |
| 1.                         |                                                                                                        |                 |                                          |               |             |           |                   |
| 6/28/2016<br>/ /           | Hernandez, Vanessa<br>15969 NW 64 Ave, #114<br>Miami Lakes, FL 33014                                   | I               |                                          | СН            |             |           | \$25.0            |
| 2                          |                                                                                                        |                 |                                          |               |             |           |                   |
| 6/26/2016<br>/ /<br>3      | Chaux, Luz Mireya<br>16255 SW 216 Street<br>Miami, FL 33170                                            | I               |                                          | СН            |             |           | \$20.0            |
| 6/26/2016<br>/ /           | Melendez, Giselle<br>B.<br>5195 White Oleander<br>West Palm Beach, FL 33415                            | I               | medical<br>assistant                     | CH            |             |           | \$20.0            |
| 6/26/2016<br>/ /<br>5      | Dussan, Belarmino<br>9165 Fountainebleau Blvd, 7<br>Miami, FL 33172                                    | I<br>Apt 8      |                                          | СН            |             |           | \$100.0           |
| 6/28/2016<br>/ /           | Cabal, Ana M<br>17045 SW 81st Ct.<br>Falmetto Bay, FL 33157                                            | I               | real<br>estate<br>investor               | СН            |             |           | \$500.0           |
|                            | Roberto , Ruiz                                                                                         | I               | general                                  | СН            |             |           | \$1,000.0         |
| 6/30/2016<br>/ /<br>7      | 6115 NW 186 Street, Apt 310<br>Hialean, F 33015                                                        |                 | construct:<br>on                         |               |             |           |                   |
| 6/30/2016<br>/ /           | Molano, Ary<br>9381 SW 170 St<br>Miami, Fl 33196-                                                      | I               | assesor                                  | СН            |             |           | \$100.0           |
| 8                          |                                                                                                        |                 |                                          |               |             |           |                   |

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EXHIBIT <u>4 page 2 9</u>5

# **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

| (1) NameAlfred_Santamaria (2) I.D. Number |                                                             |     |            | er                                    | 1470        |           |            |
|-------------------------------------------|-------------------------------------------------------------|-----|------------|---------------------------------------|-------------|-----------|------------|
| (3) Cover Per                             | 6/25/2016<br>iod///                                         | thr | 7<br>ough  | /8/2016<br>//                         | (4) Pa      | ge        | of         |
| (5)<br>Date<br>(6)                        | (7)<br>Full Name<br>(Last, Suffix, First, Middle)           |     | (8)        | (9)                                   | (10)        | (11)      | (12)       |
| Sequence                                  | Street Address &                                            | С   | ontributor | Contribution                          | In-kind     |           |            |
| Number                                    | City, State, Zip Code                                       |     | Occupation | Туре                                  | Description | Amendment | Amount     |
| 6/26/2016<br>/ /                          | Seider, Bart<br>23 Via Paraisc E,<br>Bell Tiburon, CA 94920 | I   | attorney   | СН                                    |             |           | \$1,000.00 |
| 9                                         |                                                             |     |            |                                       |             |           |            |
| 6/30/2016<br>/ /                          | Espinal, Elkin<br>2955 NE 41 Road,<br>Homestead, fl 33033   | I   |            | СН                                    |             |           | \$100.00   |
| 10                                        |                                                             |     |            |                                       |             |           |            |
| c (20 /001 c                              | Rodriguez, Michael                                          | I I |            | СН                                    |             |           | \$25.00    |
| 6/30/2016                                 |                                                             |     |            |                                       | -           |           |            |
|                                           | 11054 NW 53RD Lane,<br>Doral, FL 33178                      |     |            |                                       |             |           |            |
| 11                                        |                                                             |     |            |                                       |             |           |            |
| 1 1                                       |                                                             |     |            |                                       |             |           |            |
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| /                                         | -                                                           |     |            |                                       |             |           |            |
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|                                           |                                                             | k.  |            |                                       |             |           |            |
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| <u> </u>                                  |                                                             |     |            |                                       |             |           |            |
|                                           |                                                             |     | 1          |                                       |             |           |            |

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EXHIBIT <u>4 page 3 4 5</u>

| 1) Name                                  | Ered Santamaria<br>6/25/2016 7,                                                                | (                                                                          | 2) I.D. Numbe              | ۰.<br>            |                |
|------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| 3) Cover Peri                            | od <u>/ /</u> through                                                                          | _// (                                                                      | 4) Page1                   | of                | 2              |
| (5)<br>Date<br>(6)<br>Sequence<br>Number | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
| 7/8/2016                                 | The UPS Store,<br>11251 NW 20TH ST Unit 140<br>MIAMI, FL 33172                                 | flyers                                                                     | МО                         |                   | \$374.5        |
| 7/8/2016                                 | METRO PCS,<br>PO Box 601119<br>DALLAS, TE 75360-                                               | telephone                                                                  | MO                         | ,<br>,            | \$220.8        |
| 7/8/2016                                 | OFFICE DEPOT,<br>8950 SW 137TH AVE<br>MIAMI, Fl 33186-                                         | office supply                                                              | MO .                       |                   | \$39.5         |
| 7/6/2016                                 | Toquica, Felipe<br>4401 NW 97TH AVE #805,<br>Doral,FL 33178, fl 33178                          | transportation                                                             | МО                         |                   | \$300.0        |
| 7/6/2016                                 | INSTAGRESS.COM,<br>181 South Park Street Suite 2<br>San Francisco, CA 94107                    | advertising                                                                | MO                         |                   | \$23.7         |
| 7/1/2016<br>///<br>6                     | AMERISHIRTS,<br>2699 W 79 ST BAY 7<br>HIALEAH, FL 33016                                        | t-shirts                                                                   | MO                         |                   | \$735.2        |
| 7/1/2016                                 | The UPS Store,<br>11251 NW 20TH ST Unit 140<br>MIAMI, FL 33172                                 | flyer                                                                      | MO                         |                   | \$909.5        |
| 6/30/2016<br>//                          | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                                             | bank charges                                                               | MO                         |                   | \$14.0         |

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=XHIBIT 4 page 4 45

| (1) Name                  | red Santamaria<br>6/25/2016                                                | 7/8/2016                                                 | 2) I.D. Numbe       | ۴ <u> </u> | 1470      |
|---------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|---------------------|------------|-----------|
| 3) Cover Perio            | od//through                                                                |                                                          | 4) Page2            | of         | 2         |
| (5)<br>Date               | (7)<br>Full Name                                                           | (8)<br>Purpose                                           | (9)                 | (10)       | (11)      |
| (6)<br>Sequence<br>Number | (Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type | Amendment  | Amount    |
| 6/29/2016<br>9            | CASA VIEJA RESTAURANT,<br>8972 SW 24th ST<br>Miami, Fl 33165               | meetings lunch                                           | МО                  |            | \$50.0    |
| 6/29/2016<br>///<br>10    | URREGO, VANESSA<br>1331 BRICKELL BAY DR APT 208<br>MIAMI, FL 33131         | event<br>coordinator                                     | МО                  |            | \$200.0   |
| 6/29/2016                 | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                         | order checks                                             | MO                  |            | \$54.8    |
| 6/29/2016<br>///<br>12    | Miami Dade County,<br>2700 NW 87th Ave<br>miami, fl 33172                  | qualifying fee<br>mdc                                    | MO                  |            | \$1,800.0 |
| 6/27/2016<br>///<br>13    | The UPS Store,<br>11251 NW 20TH ST Unit 140<br>MIAMI, FL 33172             | flyers                                                   | MO                  |            | \$160.5   |
| 6/27/2016                 | METRO PCS,<br>PO Box 501119<br>DALLAS, TX 75360-                           | telephone                                                | MO                  |            | \$60.C    |
| 7/8/2016                  | SQUARE INC,<br>1455 Market St STE 600<br>SAN FRANCISCO, Ca 94103           | bank charges                                             | MO                  |            | \$3.4     |
| 7/8/2016                  | OFFICE DEPOT,<br>8950 SW 137TH AVE<br>MIAMI, Fl 33186-                     | office supplies                                          | MO                  |            | \$27.7    |

DS-DE 14 (Rev. 11/13)

EXHIBIT <u>4 page 5 g 3</u>

REDE Page 121 of 179 ALEXA C PEREZ-MONTALVAN VILMA L MONTALVAN REP PAYEE 6461 SW 43RD STREET MIAMI, FL 33155 6-24-16 01016280712 Date (Opu Pay to the Order of dol 6. Dollars Ô Seeuri Fealur Deteil Well's Fargo Bank, N.A. Florida wellsfarga.com 25 20 For MOG310751341010162807127#00175 ş Ĩ erst. Zwe part γť

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Summons and Subpoenas Department D1111-016 Charlotte NC 28201

EXHIBIT <u>5 page 1 g 3</u>

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| Pay to the<br>Order of<br>Elshteen hundred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6/17/1                | Date    | 1076<br>-751/631 10710                  |
| Wells Fargo Bank HA.<br>For Qualifying fee - Miam - Dode County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |         | securito grantiga<br>nagele per cipi in |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |         |                                         |
| <ul> <li>Chernesson Control of State Control of State Control States and States and</li></ul> |                       |         | SITONLY                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -<br>-<br>-<br>-<br>- | PIS SUR |                                         |

REQUEST 00006753924000000 1800.00 ROLL ECIA 20160627 000005150043696 JOB ECIA E ACCT REQUESTOR A109205 17609806 03/01/2017 Research 17609888

Summons and Subpoenas Department D1111-016 Charlotte NC 28201

EXHIBIT <u>Spage 2 g 3</u>

REDE Page 34 of 50 1079 SANTAMARIA CAMPAIGN FOR MAYOR 8181 NW 36TH ST STE 218 DORAL, FL 33166-6641 63-751/631 10710 2101957559 7/1/16 -elipe Toquica Pay to the \$300 P Order of. nunde Dollars 0 Wells Fargo Barris, N.A. Filorida welfsbirgci.com For Trensportation 10631075134 21019575590 01079 ويوما ويعاد المستجمع وي والمنتز المستعم المواد 1. وي المعاد الماري (12-11-12-14) من الم 01023 053107513 2101427554 CARTORIS & CENTRE DA F. Y. A. 0090 20160700 2045034 021 l ní USAA FSB ~ SAT →31407426 314074269 < < The strate in and on large 136 THE BOLL A SHOW HE & THE P the location are also by the board a 1500 6349 " - Hors & - Chains & And Man at cit WHERE AN AN AD LONG AT A THE READ AND nia kunte German I. Kont viterkolo all Artico alle spice. Bener in the 🐔 t weißer verkenen au die Paris die Verseit the set of book production back through the set. e stands des samelie states supplier de duite des ၀စင် 💷

REQUEST 00006753924000000 300.00 ROLL ECIA 20160706 000008525395281 JOB ECIA E ACCT REQUESTOR A109205 17609806 03/01/2017 Research 17609888

Summons and Subpoenas Department D1111-016 Charlotte NC 28201

EXHIBIT <u>5 page 3 93</u>

REDE Page 35 of 50 ٩. 1080 SANTAMARIA CAMPAIGN FOR MAYOR 81B1 NW 36TH ST STE 218 DORAL, FL 33165-6641 63-751/631 10710 2101967569 Felipe Toquica Pay to the \$ 300. 0 Order of Dollars ®. Wirth ru Fiorida wellsfargewora; For 6/27 - 7/1/16 Transporter 01080 10631075134 21019575590 6 ...... DIDAD 123107513 2101752559 12104333 021 USAA FSB - SAT 0015 <u>2</u>0 6 1407 >>314074269<< Tenening Fatheral Circuit Industry Ba 3 11804 an ann an Anna Anna Anna 17 (186 100 Martin and Far have it 00**0**1

REQUEST 00006753924000000 300.00 ROLL ECIA 20160711 000008125517918 JOB ECIA E ACCT REQUESTOR A109205 17609806 03/01/2017 Research 17609888

Summons and Subpoenas Department D1111-016 Charlotte NC 28201



# Wells Fargo Business Choice Checking

Número de cuenta: 1 de junio de 2016 - 30 de junio de 2016 Página 1 de 6 a Algunas secciones de este estado de cuenta son en inglés.



SANTAMARIA CAMPAIGN DBA SANTAMARIA CAMPAIGN FOR MAYOR 3750 NW 87TH AVE STE 520 DORAL FL 33178-2442

#### ¿Preguntas?

Disponible por teléfono las 24 horas del día, los 7 días de la semana: Se aceptan llamadas a través del serviclo de Retransmisión de Telecomunicaciones

En español: 1-877-337-7454

English: 1-800-CALL-WELLS (1-800-225-5935) 77Y: 1-800-877-4833

Por Internet: wellsfargo.com/spanish/biz

Escriba a: Wells Fargo Bank, N.A. (287) P.O. Box 6995 Portland, OR 97228-6995

#### Su empresa y Wells Fargo

Los planes que usted establezca en el presente darán forma a su empresa en el futuro. El núcleo del proceso de planificación es su plan de negocios. Dedique tiernpo ahora a construir una base sólida. Obtenga más información en weilsfargoworks.com/plan.

#### Opciones de cuenta

Une marca de verificación en la casilla indica que su cuenta tlene estos servicios útiles. Si tiene alguna pregunta o desea agregar nuevos servicios visita wellsfargo.com/spanish/biz o llame al número indicado más arriba.

Banca por Internet

Estados de Cuenta por Internet Servicio de Pago de Cuentas Comerciales Reporte de Gastos Comerciales Protección contra Sobregiros

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# MINFORMACIÓN IMPORTANTE DE LA CUENTA

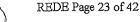
La sección titulada "Derechos y responsabilidades" - "¿Se nos permite cerrar su cuenta?" y "¿Cuándo se le permite a usted cerrar su cuenta?" en su Contrato de Cuenta han sido eliminadas y reemplazadas por lo siguiente con vigencia a partir del 5 de agosto de 2016.

#### ¿Cuándo puede cerrarse su cuenta?

Podemos cerrar su cuenta en cualquier momento. Si la cuenta se cierra, podremos enviar el saldo restante en depósito en su cuenta por correo tradicional o acreditario a otra cuenta que usted mantenga con nosotros.

(287) ins =2 Sheet Seq = 0043339 Sheet 00001 of 00003

EXHIBIT <u>le pagel que</u>



Página 2 de 6

1 de junio de 2016 - 30 de junio de 2016



Podríamos (aunque no tenernos la obligación de hacerio) permitirle a usted dejar en depósito fondos suficientes para cubrir el pago de partidas pendientes desde su cuenta.

- Si permitimos que permanezcan fondos en depósito, los términos y condiciones del Contrato continuarán aplicándose hasta que realicemos un desembolso final desde su cuenta.

- Si no le permitimos mantener fondos en depósito, no seremos responsables por ninguna pérdida o daño que pudiera producirse por no haber pagado cualquiera de sus partidas que se presente o que de otro modo se reciba con posterioridad al cierre de su cuenta.

- Usted podrá cerrar su cuenta en cualquier momento si la cuenta está al día con todas las obligaciones de la misma (por ejemplo, sí no tiene un saldo negativo o no existe ninguna restricción sobre la cuenta).

- Si su cuenta es una cuenta que devenga intereses, la misma dejará de devengar intereses a partir de la fecha en que usted solicite el cierre.

- Si su cuenta tiene Protección contra Sobregiros y/o Servicio para Sobregiros de Tarjeta de Débito, estos servicios se eliminarán cuando usted solicite el cierre de su cuenta.

- Si el saldo de su cuenta no llega a caro en el transcurso de 30 días a partir de la fecha de su solicitud de cierre de su cuenta, le cobraremos el correspondiente cargo mensual por servicio si usted no cumple con los requisitos para evitar el cargo mensual por servicio. Si el cargo mensual por servicio es superior al saldo de su cuenta, se cobrará únicamente el monto equivalente al saldo de su cuenta, y su cuenta se cerrará.

- Una vez transcurridos 30 días, si el saldo de su cuenta no llega a cero, su cuenta volverá a la condición activa y quedará sujeta a todos los cargos correspondientes. Si su cuenta es una cuenta que devenga intereses variables, se aplicarán las tasas de interés informadas en la hoja de tasas en vigencia en la fecha en que su cuenta vuelva a la condición activa. Podremos cambiar la tasa de interés correspondiente a las cuentas de tasa variable en cualquier momento. Usted deberá restablecer la Protección contra Sobregiros y/o el Servicio para Sobregiros de Tarjeta de Débito si lo desea, comunicándose con su representente bancario o flamando al número que se indica en su estado de cuenta.

The section titled "Rights and Responsibilities" - "Are we allowed to close your account" and "When are you allowed to close your account" in your Account Agreement have been deleted and replaced by the following effective August 5, 2016.

#### When can your account be closed?

We can close your account at any time. If the account is closed, we may send the remaining balance on deposit in your account by traditional mail or credit it to another account you maintain with us.

We may, but are not required to allow you to leave on deposit sufficient funds to cover outstanding items to be paid from your account.

- If we do allow funds to remain on deposit, the terms and conditions of the Agreement will continue to apply until we make a final disbursement from your account.

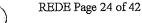
- If we do not allow you to keep funds on deposit, we will not be liable for any loss or damage that may result from dishonoring any of your items that are presented or otherwise received after your account is closed.

- You can close your account at any time if the account is in good standing (e.g., does not have a negative balance or any restrictions on the account).

- If your account is an interest-earning account, it will cease to earn interest from the date you request it be closed.

- If your account has Overdraft Protection and/or Debit Card Overdraft Service, these services will be removed when you request to close your account.

ЕХНІВІТ <u>6 радс 2 д</u>6



1 de junio de 2016 - 30 de junio de 2016



Página 3 de 6

- If your account balance does not reach zero within 30 days from the date of your request to close your account, we will charge you the applicable monthly service fee if you do not meet the requirements to avoid the monthly service fee. If the monthly service fee is greater than your account balance, only the amount equal to your account balance will be charged and your account will be closed.

- After 30 days, if your account balance does not reach zero, your account will be returned to active status and subject to all applicable fees. If your account is a variable interest earning account, the interest rates disclosed in the rate sheet in effect on the date your account is returned to active status will apply. We may change the interest rate for variable rate accounts at any time. You will need to reestablish Overdraft Protection and/or Debit Card Overdraft Service if desired by contacting your banker or calling the number on your statement.

| Resumen de actividad                 |            |
|--------------------------------------|------------|
| Saldo Inicial at 6/1                 | \$806.22   |
| Depósitos/Créditos                   | 5,649.46   |
| Retiros/Débitos                      | ~ 3,969.25 |
| Saldo final al 6/30 (mes/dia)        | \$2,486.43 |
| Saldo promedio en el libro mayor par | a este     |
| período                              | \$1,235.27 |

Número de cuenta: SANTAMARIA CAMPAIGN DBA SANTAMARIA CAMPAIGN FOR MAYOR Florida: Se aplican los términos y condiciones de la cuenta Para Depósitos Directos utilice el número de tránsito interbancario (RTN): 083107513

Para giros electrónicos utilice el número de tránsito interbancario (RTN): 121000248

#### Protección contra Sobregiros

Actualmente, esta cuenta no está cubierta por Protección contra Sobregiros. Si desea más información acerca de la Protección contra Sobregiros y los regulaitos de elegibilidad, sírvase llamar al número que aparece en su estado de cuenta o visite la sucursal de Wells Fargo de su localidad.

### Historial de transacciones

Traducciones de términos de transacciones

- ATM Withdrawal = Retiro de Cajero Automático (ATM)
- Automatic Transfer = Transferencia Automática
- Purchase = Compra
- Interest Payment = Pago de Intereses
  Monthly Service Fee = Cargo Mensual por Servicio
- Non-Wells Fargo ATM Transaction Fee = Cargo por Transacción de Cajero Automático (ATM) que no pertenece a Wells Fargo
- NSF Return Item Fee = Cargo por Partida Devueita por Insuficiencia de Fondos
- Overdraft Fee = Cargo por Sobregiro
- Overdraft Protection = Protección contra Sobregiros
- Withdrawais/Debits = Retiros/Débitos

| Fecha     | Número    |                                                                 | Depósitos/ | Retiros/ | Saldo        |
|-----------|-----------|-----------------------------------------------------------------|------------|----------|--------------|
| (mes/dia) | de cheque | Descripción                                                     | Créditos   | Débitos  | diarlo final |
| 6/1       |           | ATM Check Deposit on 05/31 10781 West Flagler Str Miami FL      | 500.00     |          |              |
|           |           | 0008248 ATM ID 9371Y Card 8583                                  |            |          |              |
| 6/1       |           | Purchase authorized on 05/31 The UPS Store 6106 Miaml FL        |            | 454.75   | 851.47       |
|           |           | S386152743574481 Card 8583                                      |            |          |              |
| 6/3       | 1074      | Check                                                           |            | 500.00   | 351.47       |
| 6/6       |           | Purchase authorized on 06/03 Casa Vieja Restaur 786-4205870 FL  |            | 250.00   | 101.47       |
|           |           | S466155539238016 Card 8583                                      |            |          |              |
| 6/8       |           | Online Dep Detall & Images - Bob                                |            | 3.00     |              |
| 6/8       | 1075      | Cashed Check                                                    |            | 220.00   | -121.53      |
| 6/9       |           | Overdraft Fee for a Transaction Posted on 06/08 \$220.00 Cashed |            | 35.00    | -156.53      |
|           |           | Check # 01075                                                   |            |          |              |
| 6/10      |           | Deposit ,                                                       | 260.00     |          | 103.47       |
| 6/13      |           | ATM Check Deposit on 06/12 Miami FL 33165 FL 0000491 ATM ID     | 300.00     |          | 403.47       |
|           |           | 0739Y Card 8583                                                 |            |          |              |
| 6/14      |           | Deposit Made In A Branch/Store                                  | 100.00     |          | 503.47       |
| 6/16      |           | Square Inc 160616R2 160616 L203131053464 Darling Rozo           | 192.85     |          | 696.32       |
| 6/17      |           | ATM Check Deposit on 06/16 2090 NW 107th Ave Mlami FL           | 1,000.00   |          |              |
|           |           | 0009390 ATM ID 0484W Card 8583                                  |            |          |              |
| 6/17      |           | Deposit Made In A Branch/Store                                  | 800.00     |          | 2,496.32     |

Sheet Seq = 0043340 Sheet 00002 of 00003

EXHIBIT <u>le page 3 of le</u>

Página 4 de 6

■ 1 de junio de 2016 - 30 de junio de 2016



# Historial de transacciones (continuación)

| Totales       |           |                                                                | \$5,649.46                            | \$3,969.25 |              |
|---------------|-----------|----------------------------------------------------------------|---------------------------------------|------------|--------------|
| Saido final a | al 6/30   |                                                                |                                       |            | 2,486.43     |
| 6/30          |           | Monthly Service Fee                                            |                                       | 14.00      | 2,486.43     |
|               |           | 0002098 ATM ID 7274B Card 8583                                 |                                       |            |              |
| 6/30          |           | ATM Check Deposit on 06/30 8201 NW 36 Street Miami FL          | 1,000.00                              |            |              |
|               |           | S386180553056487 Card 8583                                     |                                       | 00.00      | 1,000.40     |
| 6/29          |           | Purchase authorized on 06/28 Casa Vieja Restaur 786-4205870 FL | · · · · · · · · · · · · · · · · · · · | 50.00      | 1,500,43     |
| VILO          |           | 0006282 ATM ID 0646T Card 8583                                 | JUU.UU                                |            |              |
| 6/29          | 1477      | ATM Check Deposition 06/29 8201 NW 36 Street Miami FL          | 500.00                                | 200.00     | 1,000.43     |
| 6/28          | 1077      | Campaign Fo Deposited OR Cashed Check                          | ·                                     | 200.00     | 1,050.43     |
| 6/28          |           | Harland Clarke Check/Acc. 062716 00863017575482 Santamaria     |                                       | 54.83      |              |
| 6/27          | 10/8      | Check                                                          |                                       | 1,800.00   | 1,305.26     |
| 0/07          | 1040      | S306177682150415 Card 8588                                     |                                       | 4 000 00   | 1 000 00     |
| 6/27          |           | Purchase authorized on 06/25 The UPS Store 6106 Miami FL       |                                       | 160.50     |              |
|               |           | S306176793138252 Card 8583                                     |                                       |            |              |
| 6/27          |           | Purchase authorized on 06/24 Metropcs Web 888-863-8768 WA      |                                       | 60.00      |              |
|               |           | 0002990 ATM ID 9371Y Card 8583                                 |                                       |            |              |
| 6/27          |           | ATM Check Deposit on 06/27 10781 West Flagler Str Miami FL     | 100.00                                |            |              |
| 6/27          |           | Raise The Money Raisemoney 160625 Alfred Santamaria            | 47.30                                 |            |              |
| 6/27          |           | Square Inc 160627R2 160627 L203133796574 Darling Rozo          | 24.31                                 |            |              |
|               |           | 0009060 ATM ID 08771 Card 8583                                 |                                       |            |              |
| 6/27          |           | ATM Check Deposit on 06/26 9600 Sw 40th Street Mlami FL        | 40.00                                 |            |              |
|               |           | 0008800 ATM ID 08771 Card 8583                                 |                                       |            |              |
| 6/27          |           | ATM Check Deposit on 06/25 9600 Sw 40th Street Miami FL        | 25.00                                 |            |              |
|               |           | 0003725 ATM ID 0876Y Card 8583                                 |                                       |            |              |
| 6/27          |           | ATM Check Deposit on 06/25 5620 Sw 137th Ave Miami FL          | 510.00                                |            |              |
|               |           | FL S586173590660666 Card 8583                                  |                                       |            | •            |
| 6/22          |           | Purchase authorized on 06/22 Comcast Dade Cs 1x 800-266-2278   |                                       | 142.21     | 2,579.15     |
|               |           | P00586173484328936 Card 8583                                   |                                       | 2          | _,           |
| 6/21          |           | Purchase authorized on 06/21 The Home Depot 206 Miami FL       | ·····                                 | 24.96      | 2,721,36     |
|               |           | 0008911 ATM ID 7274B Card 8583                                 | 200.00                                |            |              |
| 6/21          |           | ATM Check Deposit on 06/21 8201 NW 36 Street Miami FL          | 250.00                                |            |              |
| (mes/dia)     | de cheque | Descripción                                                    | Créditos                              | Débitos    | diario linal |
| Fecha         | Número    |                                                                | Depósítos/                            | Retiros/   | Saldo        |

El Saldo Díarlo Final no refleja ningún retiro o retención pendientes sobre fondos depositados que puedan haber estado pendientes en la cuenta cuando se esentaron sus transecciones. Sí no tenía fondos disponibles suficientes cuando se asentó una transacción, es posible que se hayan impuesto algunos cargos.

The Ending Daliy Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Resumen de los cheques emitidos (los cheques enumerados también se indican en el historial de transacciones precedente)

| Número | Fecha (mes/dia) | Importe | Número | Fecha (mes/dia) | Importe  | Número | Fecha (mes/dia) | Importe |
|--------|-----------------|---------|--------|-----------------|----------|--------|-----------------|---------|
| 1074   | 6/3             | 500.00  | 1076   | 6/27            | 1,800.00 | 1077   | 6/28            | 200.00  |
| 1075   | 6/8             | 220.00  |        |                 |          |        |                 | •       |

#### Resumen del cargo mensual por servicio

Para obtener una lista completa de los cargos e información detallada de la cuenta, consulte el Programa de Cuotas e Información y el Contrato de Cuenta de Wells Fargo aplicables a su cuenta o hable con un representante bancario. Ingrese en wellsfargo.com/feefaq para encontrar respuestas a preguntas comunes sobre el cargo mensual por servicio en su cuenta.

| Período correspondiente al cargo 06/01/2016 - 06/30/2016                                        | Cargo mensual por servido estándar \$14.00 | Usted pagó \$14.00     |
|-------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|
| Cómo evitar el cargo mensual por servicio                                                       | Minimo requerido                           | Este período del cargo |
| Cumplir con UNO de los siguientes regulsitos de la cuenta<br>· Saldo promedio en el libro mayor | \$7,500.00                                 | \$1,235.00             |

EXHIBIT 6 page 4 of 6



Número de cuenta: | Página 5 de 6 1 de junio de 2016 - 30 de junio de 2016



0 [] 0 [] 7 [] 0 []

Este período del cargo

| nen del cargo mensual por servicio (continuación)                                                                |                  |  |
|------------------------------------------------------------------------------------------------------------------|------------------|--|
| Cómo evitar el cargo mensual por servicio                                                                        | Mínimo requerido |  |
| Transacción que reúne las condiciones desde una cuenta de Servicios de Nómina                                    | 1                |  |
| para Empresas Wells Fargo Business Payroli Services vinculada                                                    |                  |  |
| <ul> <li>Transacción que reúne las condiciones desde una cuenta de Servicios para</li> </ul>                     | 1                |  |
| Comerciantes Wells Fargo Merchant Services vinculada                                                             |                  |  |
| · Cantidad total de compras y/o pagos asentados con Tarjeta de Débito de Wells                                   | 10               |  |
| Fargo                                                                                                            |                  |  |
| <ul> <li>Inscripción a un servicio Direct Pay vinculado a través de la Banca por Internet</li> </ul>             | 1                |  |
| Comercial (Wells Fargo Business Online)                                                                          |                  |  |
| <ul> <li>Saldos combinados en cuentas vinculadas, lo cual puede incluir</li> </ul>                               | \$10,000.00      |  |
| <ul> <li>Saldos promedio en el libro mayor en cuentas de cheques, de ahorros y a<br/>plazocomerciales</li> </ul> |                  |  |
| <ul> <li>El saldo del estado de cuenta más reciente de tarjetas de crédito comerciales</li> </ul>                |                  |  |
| de Wells Fargo, la tarjeta Wells Fargo Business Secured Credit Card, la línea de                                 |                  |  |
| crédito BusinessLine, la línea de crédito Wells Fargo Small Business                                             |                  |  |
| Advantage <sup>®</sup> , la línea de crédito Working Capital, la línea de crédito Advancing                      |                  |  |
| Term y el préstamo a plazo fijo BusinessLoan                                                                     |                  |  |
| <ul> <li>Saldos díarlos promedio combinados del mes anterior correspondientes a los</li> </ul>                   |                  |  |
| préstamos Wells Fargo Business Prime Loan <sup>™</sup> , Comercial Equity Loan,                                  |                  |  |
| Commercial Refinance Loan, Comercial Purchase Loan, la Linea de Crédito                                          |                  |  |

Commercial Refinance Loan, Comercial Purchase Loan, la Línea de Crédito Comercial Equity, los préstamos Small Business Advantage<sup>®</sup>, Equipment Express<sup>®</sup>, y Equipment Express<sup>®</sup> Single Event

#### wx/wx

#### Resumen de cargos por transacciones en la cuenta

| Descripción del cargo por servicio | Unidades<br>utilizadas | Unidades<br>incluidas | Unidades<br>en exceso | Cargo por servicio por<br>unidad en exceso (\$) | Totel de cargo por<br>servicio (\$) |
|------------------------------------|------------------------|-----------------------|-----------------------|-------------------------------------------------|-------------------------------------|
| Cash Deposited (\$)                | 0                      | 7,500                 | 0                     | 0.0030                                          | 0.00                                |
| Transactions                       | 25                     | 200                   | 0                     | 0.50                                            | 0.00                                |
| Total de los corgos por sonvinios  |                        |                       |                       |                                                 | \$0.00                              |

Total de los cargos por servicios



#### Contrato modificado para Acceso por Internet

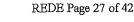
Hemos actualizado nuestro Contrato de Acceso por Internet con vigencia a partir del 15 de septiembre de 2016. Para ver qué cambiará, visite wellsfargo.com/es/online-banking/updates.

#### **Revised Agreement for Online Access**

We're updating our Online Access Agreement effective September 15, 2016. To see what is changing, please visit wellsfargo.com/onlineupdates.

EXHIBIT <u>le page 3 f le</u>

Sheet Seq = 0043341 Sheet 00003 of 00003



Página 6 de 6

1 de junio de 2016 - 30 de junio de 2016



#### Políticas generales para estados de cuenta de Wells Fargo Bank

Notificación: Wells Fargo Bank, N.A. podrá suministrar a las agencias de informes crediticios del consumidor información sobre las cuentas que pertenecen a personas, incluyendo las empresas unipersonales. Si esto es de aplicación para usted, tiene derecho a impugnar la exactitud de la información que hayamos suministrado enviándonos una comunicación por escrito a: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

#### General statement policies for Wells Fargo Bank

Notice: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

#### Hoja de trabajo para cuadrar su cuenta

- 1. Utilice la siguiente hoja de trabajo para calcular el saldo total de su cuenta.
- 2. Examine su registro y marque cada cheque, retiro, transacción de cajero automático (ATM), pago, depósito u otro crédito detallado en su estado de cuenta. Asegúrese de que su registro muestre los intereses pagados a su cuenta y los cargos por servicio, pagos automáticos o retiros de cajeros automáticos (ATM) de su cuenta durante este período del estado de cuenta.
- Utilice el siguiente cuadro, detalle los depósitos, las transferencias a su cuenta, los cheques pendientes de pago, los retiros de cajeros automáticos (ATM), los pagos realizados en cajeros automáticos o cualquier otro retiro (incluidos los de meses anteriores) que estén detallados en su registro pero no aparezcan en su estado de cuenta.

#### INGRESE

| A. | El saldo final que aparece en |  |
|----|-------------------------------|--|
|    | su estado de cuenta           |  |

#### SUME

| В. | Los depósitos detallados en      |   | \$     |
|----|----------------------------------|---|--------|
|    | su registro o las transferencias |   | \$<br> |
|    | a su cuenta que no aparezcan     |   | \$<br> |
|    | en su estado de cuenta.          | + | \$<br> |
|    |                                  |   |        |

#### CALCULE EL SUBTOTAL

(Sume las Partes A y B)

#### RESTE

#### **CALCULE EL SALDO FINAL**

(Parte A + Parte B - Parte C) Esta cantidad debe ser igual al saldo actual que aparece en su registro de cheques ...... Deberá describir la información específica que considera errónea o impugnada y deberá fundamentar la controversia con documentación comprobatoria. En el caso de información relativa al robo de identidad, deberá entregamos una denuncia de robo de identidad.

You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity their, you will need to provide us with an identity their report.

| Número | Partidas Pendientes de Pago            | Importe |
|--------|----------------------------------------|---------|
|        |                                        |         |
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EXHIBIT <u>le page le g</u>le



# Wells Fargo Business Choice Checking

Número de cuenta: **Example de la participa de 1** de julio de 2016 - 31 de julio de 2016 Página 1 de 5 **a** Algunas secciones de este estado de cuenta son en inglés.



REDE Page 28 of 42

SANTAMARIA CAMPAIGN DBA SANTAMARIA CAMPAIGN FOR MAYOR 3750 NW 87TH AVE STE 520 DORAL FL 33178-2442

# ¿Preguntas?

Disponible por teléfono las 24 horas del día, los 7 días de la semana: Se aceptan llamadas a través del servicio de Retransmisión de Telecomunicaciones

En español: 1-877-337-7454

English: 1-800-CALL-WELLS (1-800-225-5935) 7TY: 1-800-877-4833

Por Internet: wellsfargo.com/spanish/biz

Escriba a: Wells Fargo Bank, N.A. (287) P.O. Box 6995 Portland, OR 97228-6995

# Su empresa y Wells Fargo

Los planes que usted establezca en el presente darán forma a su empresa en el futuro. El núcleo del proceso de planificación es su plan de negocios. Dedique tiempo ahora a construir una base sólida. Obtenga más información en wellsfargoworks.com/plan.

#### Opciones de cuenta

Una marca da varificación en la casilla indica que su cuenta tiene estos servicios útiles. Si tiene alguna pregunta o desea agregar nuevos servicios visite wellsfargo.com/spanish/biz o llame al número indicado más arriba.

Banca por internet Estados de Cuenta por Internet Servicio de Pago de Cuentas Comerciales Reporte de Gastos Comerciales Protección contra Sobregiros

| <ul> <li>Image: A set of the set of the</li></ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| $\checkmark$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| $\overline{\mathbf{Z}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| $\checkmark$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

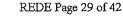
| Resumen de actividad                       |            |
|--------------------------------------------|------------|
| Saldo inicial al 7/1                       | \$2,486.43 |
| Depósitos/Créditos                         | 4,603.68   |
| Retiros/Débitos                            | - 6,440.52 |
| Saldo final al 7/31 (mes/dia)              | \$649.59   |
| Saldo promedio en el libro mayor para este |            |
| periodo                                    | \$1,082.14 |

| Número de cuenta:                                                                       |
|-----------------------------------------------------------------------------------------|
|                                                                                         |
| Florida: Se aplican los términos y condiciones de la cuenta                             |
| Para Depósitos Directos utilice<br>el número de tránsito Interbancario (RTN): 063107513 |

Para giros electrónicos utilice el número de tránsito interbancario (RTN): 121000248

(287)Sheet Seq = 0015846 Sheet 00001 of 00003

EXHIBIT <u>7 page 1 95</u>



Página 2 de 5

■ 1 de julio de 2016 - 31 de julio de 2016



#### Protección contra Sobregiros

Actualmente, esta cuenta no está cubierta por Protección contra Sobregiros. Si desea más información acerca de la Protección contra Sobregiros y los requisitos de elegibilidad, sírvase llamar al número que aparece en su estado de cuenta o visite la sucursal de Wells Fargo de su localidad.

# Historial de transacciones

Traducciones de términos de transacciones

ATM Withdrawal = Retiro de Cajero Automático (ATM)

•Automatic Transfer = Transferencia Automática

Purchase = Compra

einterest Payment = Pago de Intereses

Monthly Service Fee = Cargo Mensual por Servicio

 Non-Wells Farge ATM Transaction Fee = Cargo por Transacción de Cajero Automático (ATM) que no pertenece a Wells Fargo

NSF Return Item Fee = Cargo por Partida Devuelta por Insuficiencia de Fondos
 Overdraft Fee = Cargo por Sobregiro

Overdraft Protection = Protección contra Sobregiros

Withdrawals/Debits = Retiros/Debitos

| Fecha     | Número    | Description                                                                            | Depósitos/ | Retiros/ | Saldo        |
|-----------|-----------|----------------------------------------------------------------------------------------|------------|----------|--------------|
| (mes/dia) | de cheque | Descripción                                                                            | Créditos   | Débitos  | diario final |
| 7/1       |           | Purchase authorized on 06/30 The UPS Store 6106 Miaml FL<br>S466182712343810 Card 8583 |            | 909.50   |              |
| 7/1       |           | Purchase authorized on 06/30 Sq *Amerishirts CO Hialeah FL                             |            | 735.20   | 841.73       |
|           |           | S466182718012473 Card 8583                                                             |            |          |              |
| 7/5       |           | ATM Check Deposit on 07/03 8201 NW 36 Street Miami FL                                  | 100.00     |          |              |
|           |           | 0007656 ATM ID 0645T Card 8583                                                         | 100.00     |          |              |
| 7/5       |           | Square Inc 160702R2 160702 L203135241595 Darling Rozo                                  | 97.25      |          |              |
| 7/5       |           | ATM Check Deposit on 07/05 8201 NW 36 Street Miami FL                                  | 1,000.00   |          | 2,038.98     |
|           |           | 0008088 ATM ID 0645T Card 8583                                                         | .,         |          |              |
| 7/6       |           | Purchase authorized on 07/05 Instagress.Com 8778877815 WY                              |            | 23.74    |              |
|           |           | S586187648716143 Card 8583                                                             |            | 2011 1   |              |
| 7/6       | 1079      | Check                                                                                  | <u> </u>   | 300.00   | 1,715.24     |
| 7/7       |           | ATM Check Deposit on 07/07 8201 NW 36 Street Miami FL                                  | 100.00     |          |              |
| •••       |           | 0008950 ATM ID 0645T Card 8583                                                         | 100.00     |          |              |
| 7/7       |           | Purchase authorized on 07/07 Office Depot 00 10630 Miami FL                            |            | 39.58    | 1,775.66     |
|           |           | P00466189659908193 Card 8583                                                           |            |          |              |
| 7/8       |           | Purchase authorized on 07/07 Metropcs Web 888-863-8768 WA                              |            | 220.84   |              |
|           |           | 5466189728619472 Card 6802                                                             |            | 220.01   |              |
| 7/8       |           | Purchase authorized on 07/07 The UPS Store 6106 Miami FL                               |            | 374.50   | 1,180.32     |
|           |           | S306189785988137 Card 8583                                                             |            | 0        |              |
| 7/11      |           | ATM Check Deposit on 07/09 8201 NW 36 Street Miami FL                                  | 25.00      |          |              |
|           |           | 0005321 ATM ID 7274B Card 8583                                                         | 20.00      |          |              |
| 7/11      |           | Raise The Money Raisemoney 160709 Alfred Santamaria                                    | 0.70       |          |              |
| 7/11      |           | ATM Check Deposit on 07/11 8201 NW 36 Street Miami FL                                  | 10.00      |          |              |
|           |           | 0005986 ATM ID 7274B Card 8583                                                         |            |          |              |
| 7/11      |           | Online Dep Detail & Images - Bob                                                       |            | 3.00     |              |
| 7/11      |           | Purchase authorized on 07/08 Quill Corporation 800-982-3400 SC                         |            | 88.46    |              |
|           |           | S306188595402843 Card 8583                                                             |            |          |              |
| 7/11      |           | Purchase authorized on 07/09 Quill Corporation 800-982-3400 SC                         |            | 21.98    |              |
|           |           | S386188595465571 Card 8583                                                             |            | 21100    |              |
| 7/11      | 1080      | Check                                                                                  |            | 300.00   | 804.58       |
| 7/13      |           | Deposited OR Cashed Check                                                              |            | 200.00   | 604.58       |
| 7/18      |           | Square Inc 160718R2 160718 L203139044004 Darling Rozo                                  | 1.34       |          |              |
| 7/18      | 1083      | Check                                                                                  |            | 300.00   | 305.92       |
| 7/19      |           | Square Inc 160719R2 160719 L203139219902 Darling Rozo                                  | 0.67       | 000.00   | 000102       |
| 7/19      |           | Purchase authorized on 07/18 Migdalla's Awards Hialeah FL                              | 0.07       | 270.90   | 35.69        |
|           |           | S586200519206068 Card 8583                                                             |            |          | •••••        |
| 7/20      |           | ATM Check Deposit on 07/19 8201 NW 36 Street Miaml FL                                  | 1,250.00   |          |              |
|           |           | 0002708 ATM ID 0645T Card 8583                                                         | 1,200104   |          |              |
| 7/20      |           | Square Inc 160720R2 160720 L203139529414 Darling Rozo                                  | 120.32     |          | 1,406.01     |
| 7/21      |           | Square Inc 160721R2 160721 L203139849664 Darling Rozo                                  | 778.00     |          | 1,100.01     |
| 7/21      |           | ATM Check Deposit on 07/21 8201 NW 36 Street Miami FL                                  | 25.00      |          | 2,209.01     |
|           |           | 0009513 ATM ID 7274B Card 8583                                                         |            |          |              |
| 7/22      |           | Purchase authorized on 07/22 Comcast Dade Cs 1x 800-266-2278                           |            | 862.34   |              |
|           |           |                                                                                        |            | VV4.V-F  |              |

EXHIBIT 7 page 2 g 3

FL S306203736916714 Card 8583

Página 3 de 5

1 de julio de 2016 - 31 de julio de 2016



#### Historial de transacciones (continuación)

| Totales       |           |                                                              | \$4,603.68 | \$6,440.52 |              |
|---------------|-----------|--------------------------------------------------------------|------------|------------|--------------|
| Saido final a | at 7/31   |                                                              |            |            | 649.59       |
| 7/28          | 1086      | Deposited OR Cashed Check                                    |            | 525.00     | 649.59       |
|               |           | FL \$466209544745349 Card 8583                               |            |            |              |
| 7/28          |           | Purchase authorized on 07/27 Sq *Amerishirts CO 877-417-4551 |            | 877.50     |              |
| 7/27          |           | Raise The Money Raisemoney 160726 Alfred Santamaria          | 47.30      |            | 2,052.09     |
| 7/25          | 1085      | Check                                                        |            | 300.00     | 2,004.79     |
|               |           | S386205007095443 Card 8583                                   |            |            |              |
| 7/25          | ····      | Purchase authorized on 07/22 Rs*Name.Com 720-2492374 WA      |            | 29.98      |              |
|               |           | D001958 ATM ID 0484W Card 8583                               |            |            |              |
| 7/25          |           | ATM Check Deposit on 07/25 2090 NW 107th Ave Miami FL        | 1.000.00   |            |              |
| 7/25          |           | Square Inc 160725R2 160725 L203140822636 Darling Rozo        | 48.10      |            |              |
|               |           | S386203738901910 Card 8583                                   |            |            |              |
| 7122          |           | Purchase authorized on 07/21 Metropcs Web 888-863-8768 WA    |            | 60.00      | 1.286.67     |
| (mes/dia)     | de cheque | Descripción                                                  | Créditos   | Débitos    | diario final |
| Fecha         | Número    |                                                              | Depósitos/ | Retiros/   | Saldo        |

El Saldo Diarlo Final no refleja ningún retiro o retención pendientes sobre fondos depositados que puedan haber estado pendientes en la cuenta cuando se asentaron sus transacciones. Si no tenía fondos disponíbles suficientes cuando se asentó una bansacción, es posible que se hayan impuesto algunos cargos.

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, lees may have been assessed.

Resumen de los cheques emilidos (los cheques enumerados también se indican en el historial de transacciones precedente)

| Número | Fecha (mes/dia) | Importe | Número | Fecha (mes/dia) | Importe | Número | Fecha (mes/dia) | Importe |
|--------|-----------------|---------|--------|-----------------|---------|--------|-----------------|---------|
| 1079   | 7/6             | 300.00  | 1082 * | 7/13            | 200.00  | 1085 * | 7/25            | 300.00  |
| 1080   | 7/11            | 300.00  | 1083   | 7/18            | 300.00  | 1086   | 7/28            | 525.00  |

\* Intervalo en la secuencia de cheques.

\* Gap in check sequence.

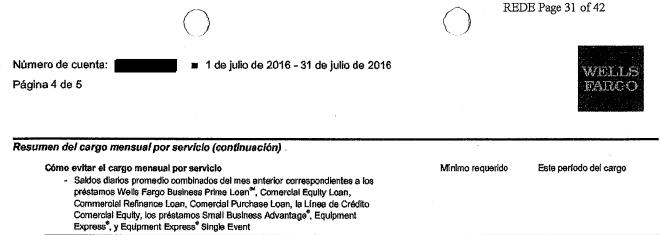
#### Resumen del cargo mensual por servicio

Para obtener una lista completa de los cargos e información detallada de la cuenta, consulte el Programa de Cuotas e Información y el Contrato de Cuenta de Wells Fargo aplicables a su cuenta o hable con un representante bancario. Ingrese en wellsfargo.com/feefaq para encontrar respuestas a preguntas comunes sobre el cargo mensual por servicio en su cuenta.

| Período correspondiente al cargo 07/01/2016 - 07/31/2016                                                                                                               | Cargo mensual por  | servicio estándar \$14.00 | Usted pagó \$0.00      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|------------------------|
| Cómo evitar el cargo mensual por servicio                                                                                                                              |                    | Minimo requerido          | Este período del cargo |
| Cumplir con UNO de los siguientes requisitos de la cuenta<br>Saldo promedio en el libro mayor                                                                          |                    | \$7,500.00                | \$1.082.00             |
| <ul> <li>Transacción que reúne las condiciones desde una cuenta de \$</li> </ul>                                                                                       | Condelan de Mémine | φr,ου0.00<br>4            | a1,082.00 □<br>0 □     |
| para Empresas Wells Fargo Business Payroll Services vincula                                                                                                            |                    | 1                         | VЦ                     |
| Transacción que reúne las condiciones desde una cuenta de S                                                                                                            | Servicios para     | 1                         | 0 🗆                    |
| Comerciantes Wells Fargo Merchant Services vinculada                                                                                                                   | 544 C 147 D        | 10                        | 40 ET                  |
| <ul> <li>Cantidad total de compras y/o pagos asentados con Tarjeta de<br/>Fargo</li> </ul>                                                                             | Debito de Wells    | 10                        | 13 🗹                   |
| - Inscripción a un servicio Direct Pay vinculado a través de la Ba                                                                                                     | inca por Internet  | 1                         | 0 🗆                    |
| Comercial (Wells Fargo Business Online)                                                                                                                                |                    |                           |                        |
| <ul> <li>Saldos combinados en cuentas vinculadas, lo cual puede inclu</li> <li>Saldos promedio en el tibro mayor en cuentas de cheques, en plazocomerciales</li> </ul> |                    | \$10,000.00               |                        |

El saldo del estado de cuenta más reciente de tarjetas de crédito comerciales de Wells Fargo, la tarjeta Wells Fargo Business Secured Credit Card, la línea de crédito BusinessLine<sup>®</sup>, la línea de crédito Wells Fargo Small Business Advantage<sup>®</sup>, la línea de crédito Working Capital, la línea de crédito Advancing Term y el préstemo a plazo fijo BusinessLoan<sup>®</sup>

EXHIBIT 7 page 3 g 5

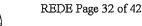


El resumen del Cargo mensual por servicio del periodo correspondiente a los cargos con la fecha final mostrada anteriormente incluye un sábado, domingo, o día feriado que no son días laborables. Las transacciones realizadas después del último día laborable del mes serán incluidas en el siguiente periodo correspondiente a los cargos. wxwx

## Resumen de cargos por transacciones en la cuenta

| Descripción del cargo por servicio | Unidades<br>utilizedas | Unidades<br>Incluidas | Unidadas<br>en exceso | Cargo por servício por<br>unidad en exceso (\$) | Total de cargo por<br>servicio (\$) |
|------------------------------------|------------------------|-----------------------|-----------------------|-------------------------------------------------|-------------------------------------|
| Cash Deposited (\$)                | 0                      | 7,500                 | 0                     | 0.0030                                          | 0.00                                |
| Transactions                       | 23                     | 200                   | 0                     | 0.50                                            | 0.00                                |
| Total de los cargos por servicios  |                        |                       |                       |                                                 | \$0.00                              |

EXHIBIT 7 page 4 25



Página 5 de 5

1 de julio de 2016 - 31 de julio de 2016



Importe

## Políticas generales para estados de cuenta de Wells Fargo Bank

Notificación: Wells Fargo Bank, N.A. podrá suministrar a las agencias de informes crediticios del consumidor información sobre las cuentas que pertenecen a personas, incluyendo las empresas unipersonales. Si esto es de aplicación para usted, tiene derecho a impugnar la exactitud de la información que hayamos suministrado enviándonos una comunicación por escrito a: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

#### **General statement policies for Wells Fargo Bank**

■ Notice: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058. comprobatoria. En el caso de información relativa al robo de identidad, deberá entregamos una denuncia de robo de identidad.

You must describe the specific information that is inaccurate or in dispute

and the basis for any dispute with supporting documentation. In the case of

Partidas Pendientes de Pago

information that relates to an identity theft, you will need to provide us with

an identity theft report.

Número

Deberá describir la información específica que considera errónea o

impugnada y deberá fundamentar la controversia con documentación

## Hoja de trabajo para cuadrar su cuenta

- 1. Utilice la siguiente hoja de trabajo para calcular el saldo total de su cuenta.
- 2. Examine su registro y marque cada cheque, retiro, transacción de cajero automático (ATM), pago, depósito u otro crédito detallado en su estado de cuenta. Asegúrese de que su registro muestre los intereses pagados a su cuenta y los cargos por servicio, pagos automáticos o retiros de cajeros automáticos (ATM) de su cuenta durante este período del estado de cuenta.
- 3. Utilice el siguiente cuadro, detalle los depósitos, las transferencias a su cuenta, los cheques pendientes de pago, los retiros de cajeros automáticos (ATM), los pagos realizados en cajeros automáticos o cualquier otro retiro (incluidos los de meses anteriores) que estén detallados en su registro pero no aparezcan en su estado de cuenta.

#### INGRESE

| A. El saldo final que aparece en        |       |
|-----------------------------------------|-------|
| su estado de cuenta                     | \$    |
|                                         | ·     |
| SUME                                    |       |
| B. Los depósitos detallados en          | \$    |
| su registro o las transferencias        | \$    |
| a su cuenta que no aparezcan            | \$    |
| en su estado de cuenta. 4               | + \$  |
|                                         |       |
|                                         | ۱L \$ |
| CALCULE EL SUBTOTAL                     |       |
| (Sume las Partes A y B)                 |       |
|                                         |       |
|                                         | il \$ |
| RESTE                                   |       |
| C. Los cheques pendientes de pago y los |       |
| retiro totales del cuadro anterior      | - \$  |
| CALCULE EL SALDO FINAL                  |       |
| (Parte A + Parte B - Parte C)           |       |
| Esta cantidad debe ser igual            |       |
| al saldo actual que aparece             |       |
| en su registro de cheques               | . 5.  |
|                                         |       |

|   | . Total \$ |   |
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62010 Wells Fargo Benk, N.A. Todos los derechos reservedos. Miembro FDIC. NMLSR ID 399801

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Sheet Sec = 0015848 Sheet 00003 of 00003



# LAW OFFICES, P.A.

August 19<sup>th</sup>, 2016

DELIVERED VIA CERTIFIED MAIL (RRR) AND ELECTRONIC MAIL Erin Riley Deputy Agency Clerk Florida Elections Commission 107 W. Gaines Street Suite 224 Collins Building Tallahassee, Florida 32399 fec@myfloridalegal.com

> Re: Case No.: FEC 16-247 Respondent: Alfred Santamaria

Dear Ms. Riley:

This firm has been retained by the Respondent, Mr. Alfred Santamaria, with regard to the above-referenced matter. Please accept this correspondence as the Initial Response, pursuant \$106.25(2) of the Florida Statutes, to your letter dated August  $1^{st}$ , 2016.

The complaint dated July 21<sup>st</sup>, 2016 by Complainant, Juan Carlos Planas, Esq., against Respondent, Alfred Santamaria, (hereinafter referred to as the "Complaint") is legally insufficient pursuant to Rule 2B-1.0025 of the Florida Administrative Code & Florida Administrative Register as the Complaint fails to allege the specific facts required to support a violation of the Florida Election Code.

While the Complaint attempts to allege that the amount in Mr. Santamaria's campaign account at the end of business on June 16<sup>th</sup>, 2016 in connection with Mr. Santamaria's qualifying check received by the Miami-Dade County Elections Department on June 17<sup>th</sup>, 2016 at 9:58 a.m. results in insufficient funds to cover the amount of the campaign check, it fails to account for any deposits made to the campaign account after business hours on June 16<sup>th</sup>, 2016 and posted prior to the campaign check being issued. The Complaint fails to account for such deposits as one in the amount of

GONZALEZ LAW OFFICES, P.A. GABLES EXECUTIVE OFFICES 2655 S Le Jeune Rd. 4<sup>th</sup> Floor, Coral Gables, FL 33134 786.200.3052 : anthonyg@aglawoffices.com

EXHIBIT <u>8 page 1 173</u>

\$1,000.00 made after business hours on June 16<sup>th</sup>, 2016 and posted at the beginning of business on June 17<sup>th</sup>, 2016; prior to the issuance of the campaign check. Additionally, the Complaint fails to account for another deposit in the amount of \$800.00, which was timely posted in the campaign account for the purposes of ensuring that sufficient funds would be in the campaign account to cover the amount of the campaign check. A true and correct copy of said deposits is attached hereto as Exhibit "A."

The Complaint is nothing more than a fishing expedition in an attempt to unjustly harm Mr. Santamaria's campaign. The Complaint is even forced to admit that Mr. Santamaria's, "report shows roughly \$2,895 in donations listed on June  $17^{th}$ , that appears to be the date of contributions...." Notwithstanding, Mr. Santamaria has managed his campaign in a manner which ensures that no expense is authorized, nor any check signed on the campaign account, unless there are sufficient funds on deposit in said account to pay the full amount of the authorized expense and to honor all checks drawn on said account.

In light of the foregoing, the Complaint fails to allege the specific facts required to support a violation of the Florida Election Code and therefore fails to meet the requirements of Rule 2B-1.0025 of the Florida Administrative Code & Florida Administrative Register and accordingly should be dismissed as legally insufficient.

Please let us know how we can be of further assistance to this investigation.

Respectfully; Anthony Gonzalez/Esq.

Gonzalez Law Offices, P.A. Gables Executive Offices 2655 Le Jeune, Rd., Fourth Floor Coral Gables, Florida 33134 anthonyg@aglawoffices.com

> GONZALEZ LAW OFFICES, P.A. GABLES EXECUTIVE OFFICES 2655 S Le Jeune Rd. 4<sup>th</sup> Floor, Coral Gables, FL 33134 786.200.3052 : anthonyg@aglawoffices.com

EXHIBIT <u>8 page 2 A</u>

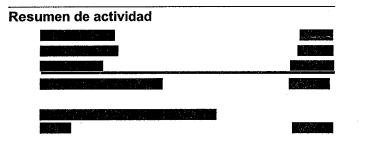
1 de junio de 2016 - 30 de junio de 2016

Número de cuenta: | Página 3 de 6



f your account balance does not reach zero within 30 days from the date of your request to close your account we will charge you the applicable monthly service fee if you do not meet the requirements to avoid the monthly service fee f the monthly service fee is greater than your account balance only the amount equal to your account balance will be charged and your account will be closed

After 30 days if your account balance does not reach zero your account will be returned to active status and subject to all applicable fees f your account is a variable interest earning account the interest rates disclosed in the rate sheet in effect on the date your account is returned to active status will apply We may change the interest rate for variable rate accounts at any time. You will need to reestablish Overdraft Protection and/or Debit Card Overdraft Service if desired by contacting your banker or calling the number on your statement



Número de cuenta **SANTAMARIA CAMPAIGN DBA SANTAMARIA CAMPAIGN FOR MAYOR**  *Florida: Se aplican los términos y condiciones de la cuenta* Para Depósitos Directos utilice el número de tránsito interbancario (RTN): Para giros electrónicos utilice el número de tránsito interbancario (RTN):

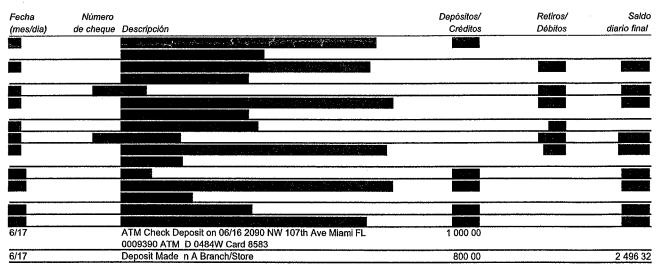
#### Protección contra Sobregiros

Actualmente esta cuenta no está cubierta por Protección contra Sobregiros Si desea más información acerca de la Protección contra Sobregiros y los requisitos de elegibilidad s rvase llamar al número que aparece en su estado de cuenta o visite la sucursal de Wells Fargo de su localidad

## Historial de transacciones

Traducciones de términos de transacciones

- •ATM Withdrawal = Retiro de Cajero Automático (ATM)
- Automatic Transfer = Transferencia Automática
- Purchase = Compra
- nterest Payment = Pago de ntereses
- Monthly Service Fee = Cargo Mensual por Servicio
- Non Wells Fargo ATM Transaction Fee = Cargo por Transacción de Cajero Automático (ATM) que no pertenece a Wells Fargo
- •NSF Return tem Fee = Cargo por Partida Devuelta por nsuficiencia de Fondos
- Overdraft Fee = Cargo por Sobregiro
- Overdraft Protection = Protección contra Sobregiros
- •Withdrawals/Debits = Retiros/Débitos



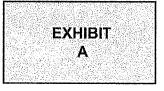


EXHIBIT <u>8 page 3 43</u>

# AFFIDAVIT OF BACKGROUND INFORMATION

# STATE OF FLORIDA County of Miami-Dade

# Alfred Santamaria, being duly sworn, says:

1. This affidavit is made upon my personal knowledge.

2. I am of legal age and competent to testify to the matters stated herein. I am currently employed by Jeff unployed as Corporate Consultant.

3. Have you ever run for public office? If so, please name the office(s) you ran for and the date(s) of the election(s) you ran in.

VES I HAVE MIAMI DADE MAYORAC OFFICE 2.006

4. Have you ever been appointed to act as a campaign treasurer for a candidate? If so, please name the candidate(s) you served as treasurer, the office(s) the candidate ran for, and the dates of the election(s).

No I HAVE NOT

5. Have you ever held the office of chairperson, treasurer, board member, or other similar position for a political committee? If so, please list the names and addresses of the committees and dates when you held the position. NO I have Not

Inv040 (6/08)

EXHIBIT <u>9 page 1 of 9</u>

6. Have you ever prepared or signed a campaign treasurer's report? If so, please list the name of the candidate or committee whose report you prepared or signed.

| 7.<br>1aws?<br>/ | What action have you taken to determine your responsibilities under Florida's election $A$ .                                         |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 8.               | Do you possess a copy of Chapter 106, Florida Statutes? $\Box$ Yes $\Box$ No                                                         |
| 9.               | If so, when did you first obtain it? $2016$                                                                                          |
| 10.<br>11.       | Have you read Chapter 106, Florida Statutes?YesNoDo you possess a copy of Chapter 104, Florida Statutes?YesNo                        |
| 12.              | If so, when did you first obtain it?                                                                                                 |
| 13.              | Have you read Chapter 104, Florida Statutes?                                                                                         |
| 14.              | Do you possess a copy of the Candidate and Campaign  Yes No                                                                          |
| <i>Treas</i>     | currer Handbook?                                                                                                                     |
| 15.              | If so, when did you first obtain it? $20/6$ .                                                                                        |
| 16.              | Have you read the Candidate and Campaign Treasurer Pres $\square$ No                                                                 |
| Handı<br>17.     | List any additional materials you received from the Supervisor of Elections.<br><u>CANDIDATE GUIDE AND INFORMATIONAL</u><br>MATERIAL |
| omplete          |                                                                                                                                      |
| I k              | THE REPORTS. I REVIEWED. AND                                                                                                         |
| SF               | HEIED. THEM.                                                                                                                         |

Inv040 (6/08)

| EXHIBIT | 9 | page | 2 | 29 |
|---------|---|------|---|----|
|         | 7 |      |   |    |

2

What procedures did you have for your campaign to ensure that the information on the 19. campaign reports was accurate?

I hAD A PROFESSIONAL CPA IN CHARGE OF REVIEWING AND SUPPORTING COMPANY REPORTS.

Did you review and approve your advertisements before the advertisements were published 20. by your campaign?

To the best OF MY RECO lection, YES.

What measures did to take to insure each advertisement published by your campaign 21. contained a correct disclaimer? I SOUGHT. THE ADVICE OF ATTORNEY REGARDING THE PROPER DISCLAIMER. Did you consult with anyone concerning the language contained in the disclaimers? 22. FS I SOUGHT LEGAL ADVICE. Your photo is contained in several placards mounted in what appears to be a store window 23. (Attachment A), the ad(s) does not appear to contain a disclaimer. Did your campaign pay for the ad(s)? 10 \_\_\_\_\_ If so, please explain why

there is no visible disclaimer.

NO, THISWAS NOT PAID OF APPROVED. BY THE CAMPAIGN OR MYSELF AND I WAS NOT AWARE OF THIS ADVERTISEMEN

# New Leadership PC

Were you a member or officer of the New Leadership PC?  $\underline{NO}$  If so, please provide 24. your title and a brief description of your duties. Please include the dates that you were a member/officer of the committee.

ЕХНІВІТ <u>9 раде 3 и</u> 7

Inv040 (6/08)

Did you review and approve the advertising published on your behalf by the New 25. Leadership PC? To HHE BEST OF MY RECONECTION, YES. Did you at any time discuss with any member or affiliate of the New Leadership PC what 26. types of advertisements should be sponsored by the political committee? \_\_\_\_\_\_If so, please list the name of the person you spoke with and give a brief summary of the discussion. Did you ever discuss with any member or affiliate of the New Leadership PC when (on 27. what dates) specific advertisements should be published? MO. If so, please list the name of the person(s) you spoke with and give a brief summary of the discussion.

# **Domain Name and Website**

28. In your written response to the complaint you stated that campaign volunteers provided the domain name and established the website for your campaign. Please explain why the costs of domain name and website were not disclosed on campaign reports as in-kind contributions.

LE SIMPLY WERE NOT MADE AWARE OF HE COSTS XTENT THERE WERE ANY.

29. On 07/22/16, there is a \$29.99 expenditure for "Domain name." Please explain why the campaign paid for the domain name if it was provided by campaign volunteers.

THE DOMAIN MAME PROVIDE BY CAMPAIEN VOLUNTEERS WAS FOR SANTAMARIAFORMAYOR. COM. THE DOMAIN NAME PAYMENT BY 7/22/16 WAS FOR WWW. SANTAMARIAFORMAMI. DADE COM.

EXHIBIT <u>9 page 4 1</u>

Inv040 (6/08)

## **Marlins** Tickets

Was "#SANTAMARIA" associated with your campaign? 30. lf so, could anyone in your campaign use it to make a post? not, please provide a list of authorized users.

<u>THIS WAS USED by EVERYONE ENSOCIAL MEDIA</u>, <u>to CREATE A TREND, but WE DID NOT KNOW</u> <u>WE HAD TO AUTHORIZE THIS, EVERYONE WAS DOINS IT</u> <u>31. Is "Alfred Santamaria@SantamariaNow" associated with your campaign?</u> If so, could anyone in your campaign make a post? \_\_\_\_\_\_ If not, please provide a list of authorized users. NO, THIS STARTED DEFORE THE CAMPAIGN, AND WHEN I RAN, PROPLE AND MARKETING TEAM STARTED USING it. 32 According to the written statement prepared by your attorney, a volunteer named "Brian Aaron" was the person who gave out the tickets to the Marlins game. Please provide the contact information for Mr. Brian Aaron. 305-303-0189 How did you determine that you were not required to report the value of the tickets that 33. were given out as an in-kind contribution to your campaign? THESE FICKETS WERE NEVER GIVEN to THE CAMPAIGN, THESE HICKETS WERE NOT A GIFT TO THE CAM-PAIGN, DLEASE SEE ATTACHED RESPONSE. I NEVER APPROVED FOR THESE FICKETS TO DE GIVENTOUT. Advertising by Other Companies

34. According to the information recorded on the New Leadership PC's campaign reports, three companies, Good Sounds, Newlink and Marketing Global Brands, made in-kind contributions to the committee. The in-kind contribution consisted of political advertising on behalf of your campaign. Did you provide the photos/videos of yourself to these companies?

 $\begin{array}{c} M_{Y} \ CAHPAIGN \ GAVE \ pHoto/VIDEOS \ to \ HAE \ PAC \\ 35. \quad \text{If not, do you know how the companies obtained your images.} \\ \end{array}$ explain how the companies obtained your photo and images.

I DON'T KNOW THE PAC MANAGED THIS.

EXHIBIT <u>2 page 5 f 9</u>

iny040 (6/08)

36. Did you approve the use of your photo/images in their advertisement?

IN PERSON,

37. If you approved the use of your photo/image, please provide the name and contact information of the individual with each company that you spoke with regarding the advertising and list your relationship with these individuals (i.e., friend, relative, colleague, etc.).

RUBIO MEDIA GROUP- NELSON RUBIO -PROFESSIONAL RELATIONSHIP Did you review and approve the advertisements before they were published? 38. 39. When did you become aware that these companies would be publishing advertisements on your behalf? I DOM'F DEMEMBERHow did you become aware that these companies would be publishing advertisements on 40. your behalf? THE PAC INFORMED ME. 41. What actions, if any, did you take once you became aware of the advertisements. DON'T UNDERSTAND HIS QUESTION. Please provide the name and contact information for the person responsible for 42 coordinating/purchasing advertising for your campaign. BRIAN AARON 305= 303-0189

EXHIBIT <u>9 page le à 9</u>

Inv040 (6/08)

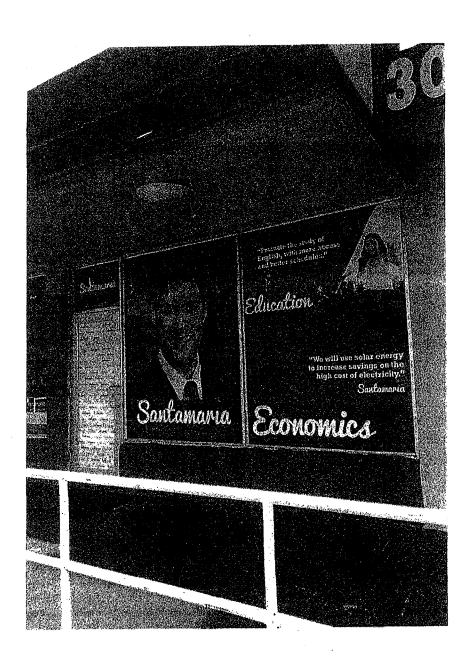
I HEREBY SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Affiant N day of Sworn to (or affirmed) and subscribed before me this OCT てりゆ State of Florida Sig ature of Notary Public Print Type, or Stamp Continissioned Name of Notary Public YALORDE NIEVES Notarv Public - State of Florida My Comm. Expires May 24, 2018 Commission # FF 108030 or Produced Identification \_ Personally Known 51 D Type of Identification Produced:

Case Investigator: MBW

EXHIBIT <u>1 page 7 g 9</u>

inv040 (6/08)



 $( \$ 

ATTACHMENT

ЕХНІВІТ <u>9 раде 8 у</u> 9



Santamaria Campaign <santamariacampaign2016@gmail.com>

# Re: Marlin tickets

1 message

Brian Aaron <brian@aaronscatering.com>

To: Santamaria Campaign <santamariacampaign2016@gmail.com>

Wed, Aug 10, 2016 at 6:44 PM

Hey,

I really apologize for any inconvenience I may have caused.

My intent was not as a disruption or to cause any harm but as a gesture to the church and friends of mine to go and enjoy the game.

At no time was this given to the campaign.

Please let me know if you need anything else from me.

Regards, Brian Aaron

Sent from my iPhone

On Aug 10, 2016, at 5:18 PM, Santamaria Campaign <santamariacampaign2016@gmail.com> wrote:

Good afternoon Mr. Aaron;

We have received notification that on June 26, 2016 some marlins tickets were given out free of charge during our caravan to the Marlin Stadium.

Santamaria Campaign did not authorized this, or participated in the giving away of any of these tickets.

Please note that if in the future you, if you would like to donate any items, they must follow certain protocols and be approved by Santamaria Campaign.

If you require any additional information, please do not hesitate to contact me.

Regards,

Darling Rozo

**Deputy Treasurer** 

EXHIBIT <u>8 page 9 9</u> 9

## **AFFIDAVIT OF FILING OFFICER**

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部時運動的設計

| STATE  | OF   | FLORIDA     |
|--------|------|-------------|
| County | of N | /liami-Dade |

Christina White \_\_\_\_\_, being duly sworn, says:

1. This affidavit is made upon my personal knowledge.

2. I am of legal age and competent to testify to the matters stated herein. I am currently employed by Miami-Dade County as Supervisor of Elections

3. Please provide copies of the listed items from the following candidate's campaign file: Alfred Santamaria.

| Check | ITEM                                                                           |  |  |  |  |  |
|-------|--------------------------------------------------------------------------------|--|--|--|--|--|
| ~     | Any and all checks (un-redacted) issued by the candidate's campaign to your of |  |  |  |  |  |
|       | (qualifying fee, etc.)                                                         |  |  |  |  |  |

4. Please check each item provided to the candidate or his staff, and list the <u>date</u> that the item was provided.

| Check | ITEM                                                                    | DATE     |  |
|-------|-------------------------------------------------------------------------|----------|--|
| х     | Chapter 106, Florida Statutes                                           | 02/18/16 |  |
| х     | Candidate and Campaign Treasurer Handbook Please indicate<br>Year. 2016 | 02/18/16 |  |
|       | Other: <sup>1</sup>                                                     |          |  |

5. Relative to Chapter 106, *Florida Statutes* and the *Candidate and Campaign Treasurer Handbook*, how are these publications provided to the candidate and/or his staff?

• Publications are given directly to the candidate and/or his staff.

• Publications are available in the office, candidate and/or his staff are advised to pick-up the publications for themselves.

EXHIBIT 10 page 1 4 6

<sup>&</sup>lt;sup>1</sup> Any local publications relative to the Election laws that may have been provided in lieu of the Candidate and Campaign Treasurer Handbook published by the Division of Elections. If your office published the item(s), please send a copy of the item(s) with the affidavit.

☆ Candidate and/or his staff are advised to download copies of the publications from our website or the Division of Elections' website.

o Other, please explain.

6. Did your office offer any candidate workshops or training seminars prior to the August 30, 2016 election? X Yes or No. If yes, please list all workshops/training seminars that were attended by the candidate and/or his staff, along with the date of attendance. If a staff member attended for the candidate, list his/her name and position. If available, please attach a copy of any attendance sheets from the workshops/training seminars and if available, please provide a copy of the syllabus and outline for the workshops/seminars.

Alberto Ibarra (Campaign Treasurer) and Anthony Gonzalez (Campaign Attorney) attended

the Campaign Skills Seminar held on 4/7/16 in Palmetto Bay (see attached sign-in sheet).

7. Does your office have any record of Mr. Santamaria having sought elective office within your jurisdiction prior to the 2016 election?  $\Box$  Yes or X No. If yes, please list the previous office(s) he ran for, the date(s) of the election(s), and the result(s) of the election(s).

8. Does your office have any record of Mr. Santamaria having been named as a chairperson or treasurer of a political committee or electioneering communication organization within your jurisdiction?  $\Box$  Yes or X No. If yes, please list the name(s) of the committees.

9. Did you or any member from your staff have any conversations with Mr. Santamaria concerning a provision of Chapter 106, Florida Statutes, at any time during his 2016 campaign? X Yes or  $\square$  No. If yes, please indicate whether the conversation was in person, in writing, or by telephone and the subject matter of the conversation. If applicable, please provide copies documenting the discussion.

See attached Miscellaneous Information document attached.

EXHIBIT <u>10 page 2 y le</u>

# I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Affiant 6:15

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_day of \_\_\_\_\_\_, 2016

and the Signature of Motary Public State of Floris Print, Two Stamp Commissioned Name of Instary Public ANNE VANESSA INNOCENT Notary Public - State of Florida My Comm. Expires Jun 2, 2018 My Comm. Expires Jun 2, 2018 Commission # FF 116919 or Produced Identification

Personally Known <u>W</u> or Produced Identification \_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_

Case investigator: MBW

EXHIBIT <u>10 page 30</u>

# **Miscellaneous Information**

| <sup>1470</sup> Alfred Santamaria |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|-----------------------------------|-----------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Со                                | nvDate:   | EmpName:         | Conversation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| 9255                              | 8/12/2016 | Vanessa Innocent | Spoke to Darling Rozo from the Santamaria campaign regarding a contribution entry made in the "June report" that was in error. Ms. Rozo claimed that the original report stated a much higher amount than what was actually contributed and wanted to know what she needed to do as she had just noticed the error. I told her that she would need to submit an amended report as soon as possible to reflect the correct contribution amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 9176                              | 5/18/2016 | Barbara Herrera  | I spoke with Anthony Gonzalez, attorney for Alfredo Santamaria, who asked<br>about the procedure to change the candidate's address. I informed him that<br>the candidate would need tor resubmit any form in our records that requires<br>an address to include the new one. In addition, he asked about pre-<br>qualifying and whether there was a benefit to the candidate. I informed him<br>that we encourage all candidates to take advantage of their respective pre-<br>qualifying periods to allow for sufficient time for review and to address any<br>issues that may arise.                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| 9173                              | 5/13/2016 | Barbara Herrera  | I spoke with Darling Rozo who called to express concern about pre-printed<br>envelopes that they want to use to collect contributions at an upcoming<br>event. She stated that there was a formal complaint filed against the<br>Santamaria campaign regarding an endorsement that the complaintant<br>claims was never given to them by A New Leadership PAC. However, Darling<br>stated that they did get the endorsement and will be disputing it separately.<br>At issue was that the pre-printed envelopes had an option for the<br>contributors to either contribute to the Alfredo Santamaria Campaign or to A<br>New Leadership PAC. Because of the complaint, she didn't know if the<br>verbage on the envelopes is a good idea. I informed her that I cannot give<br>her advice on the matter of the verbage and that she should consult the<br>legal counselors for the campaign. Upon further discussion, not using the<br>pre-printed envelopes was presented as a possible option for the candidate<br>and his team. |  |  |
| 9146                              | 4/5/2016  | Vanessa Innocent | Called Mr. Ibarra regarding the amendment report received because there<br>was only one entry changed from cash to check. He said they realized that<br>when they entered it they put cash when in fact a check was received. I<br>asked him if he had done the reimbursement checks for the over the limit<br>contributions. He said yes and those will show in the March report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |

EXHIBIT 10 page 4 4 6 Page 1 of 3

#9

# **Miscellaneous Information**

# <sup>1470</sup> Alfred Santamaria

9132

ConvDate: EmpName:

3/23/2016 vanessa Innocent

Conversation:

Mr. Ibarra came to the office to get information on 3rd Party Voter Registration and while he was waiting for someone to assist him, he ased for us because he had a few questions. He mentioned they were planing to have a "Birthday fundraiser" and charge for the entrance tickets. We told him that from what we understand, they cannot charge for an entrance fee to an event. He also mentionned that they were going to sell tickets for food/beverage at the event. We advised him to check the restrictions in the Candidate & Campaign Treasurer's Handbook or to get an opinion from the Division of Elections. He mentionned that they wanted to have an event that would be a silent auction for telenovela celebrities to go out on a date with someone; people would bid to go on that date & the proceed would go to the campaign. We mentionned to him that if the bid was over \$1,000 it would be a problem; VI gave him the example of the example at one Campaign Skills Seminar where a participant asked if someone could donate an expensive piece of jewelry to the campaign; the candidate would sell it to use the money for the campaign. The advice from the COE was to let the owner of the piece of jewelry sell it & donate the amount to the campaign (not to exceed the maximum allowable amount). He also mentionned that they were thinking about asking a company to organize the entire event for them because they do not have the experience of dealing with such large crowds & the company could out of the kindness of their heart donate the proceeds to them. We told him that it could not be an in-kind of over \$1,000. They could pay the company to organize the envent but they would need to figure out how they are going to get the contributions at that event. We gave him the contact # for the Commission on Ethics and the Division of Elections so that they can request formal opinions on those matters to be on the safe side.

9125 3/8/2016 Vanessa Innocent

Mr. Ibarra called to have a copy of the Acknowledgement letter. I reminded him that the total expenditures received should the reported for the contributors who gave him over \$50 cash & to send us an email letting us know that they are working on reimbursing the excess amounts to those contributors. I emailed him the letter.

EXHIBIT <u>10 page 5 1/4</u> Page 2 of 3

**#9** 

# **Miscellaneous Information**

#### 1470 Alfred Santamaria

ConvDate: EmpName: **Conversation:** 

9122

3/2/2016 Vanessa Innocent Mr. Ibarra came to the office because he had some concerns. He told me that they had organized a fundraiser on 2/27; they had envelopes preprinted for people to put their contributions. He said that after the fact he noticed that people had given over the \$50 cash contributions. I explained to him that he would have to report in the M02 the exact amount that he received from each of the contributors and that he would have to refund the excess amount to each person; I suggested that maybe he could ask the contributor if he/she would consider donating that portion via check instead. He said it was a lot of over the limit contributions. I repeated that he would need to list all of them & I suggested that he could send us an email explaning the situation and stating that they are in the process of returning the money to those contributors whe he submits the report. At that point he said that the problem is that they had already spent those funds. I told him that accepting over the limit was a violation of Florida Statutes & that he needed to refund the money. A that point, he said: "well we better get to work to get more contributions to refund those!" He also mentionned that they were planning to have a guest speaker come to speak at one of their events & they would have to get a hotel room for thal person. I advised him to check with the COE to see if this was something that could create an issue because the public could perceive it differently.

EXHIBIT <u>ID page to 26</u>

Page 3 of 3



Miami-Dade County Commission on Ethics and Public Trust Village of Palmetto Bay Clean Campaign Class - April 7, 2016 - 6:30 pm

Print Name (legibly)

1. EVAN OWEN 2. MARIACA audin 3. 6 10713 4. 10 on 0 eve 5. SEALA SRAS 6. 7. Ha 1 OUMANE ilw ovzelle NE 8.

Signature - Municipality with VIC

EXHIBIT <u>11 page 1 of 3</u>



Miami-Dade County Commission on Ethics and Public Trust Village of Palmetto Bay Clean Campaign Class - April 7, 2016 - 6:30 pm

Signature - Municipality

Print Name (legibly) 1. Michael P. Ferrera JACKSON 2. Dorothy 3. SAmuel LACIGON V 4. FUGAVE FLWW 5. 6. CARIN KAHGA Mohamed 7. 101 8. Kotvina Rennolds 9. JACDINLING WILSON 10. Parolo D. Lebare

City of Doral famente Buy CILEZ BA Court Crone WHO. \$ enda Cutter Bay

EXHIBIT 11 page 2 13

#**6** 



Miami-Dade County Commission on Ethics and Public Trust Village of Palmetto Bay Clean Campaign Class - April 7,2016 - 6:30 pm

Print Name (legibly) 11. FELIX N. LORENZO 12. ALELANDED SAMCHEZ 13. Eleane Sosa-Bruzon 14. Mabel Rivera 15. ism are 16. Anthony Gonzale 17. NA 18. Luretha UCK 19. 20. Luigi 1. SURIA

Signature/Municipality 1.40 X nel DAU 118 Ż Miami 1 er the (Ael M Borie

EXHIBIT <u>11 page 3 of 3</u>

Florida Department of State Division of Elections R. A. Gray Building, Room 316 500 South Bronough Street Tallahassee, FL 32399-0250 850.245.6240

(Rev. 01/22/16)

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Candidate & Campaign Treasurer Handbook

# **Chapter 1: Background**

The information contained in this publication is intended as a quick reference guide only and is current upon publication. To the extent that this handbook covers material beyond that contained in law or rule, the Division of Elections (Division) offers such material to candidates as guidelines. Chapters 97-106, Florida Statutes, the Constitution of the State of Florida, Division of Elections' opinions and rules, Attorney General opinions, county charters, city charters and ordinances, and other sources should be reviewed in their entirety for complete information regarding campaign financing and qualifying.

In addition, the following publications produced by the Division should be reviewed for further information:

- State Qualifying Handbook
- Candidate Petition Handbook
- Candidate Electronic Filing System
   User's Guide
- Calendar of Reporting Dates

All forms and publications mentioned in this handbook are available on the Division's website at:

http://dos.myflorida.com/elections/formspublications/ Other helpful websites are:

#### **Florida Elections Commission:**

http://www.fec.state.fl.us

#### **Florida Elected Officials:**

http://dos.myflorida.com/elections/con tacts/elected-officials/

#### **Florida Supervisors of Elections:**

http://dos.myflorida.com/elections/contact s/supervisor-of-elections/

#### Florida Association of City Clerks:

http://www.floridaclerks.org

Florida Attorney General:

http://myfloridalegal.com

#### **Federal Election Commission:**

http://www.fec.gov

1 EXHIBIT <u>12 page lo 9</u>8

# **Chapter 10: Contributions**

A contribution is:

- A gift, subscription, conveyance, deposit, loan, payment or distribution of money or anything of value made for the purpose of influencing the results of an election or making an electioneering communication. These include contributions in-kind, having an attributable monetary value in any form;
- A transfer of funds between political committees, between electioneering communications organizations, or between any combination of these groups;
- The payment, by any person other than a candidate, of compensation for the personal services of another person which are rendered to a candidate without charge to the candidate for such services; or
- The transfer of funds by a campaign treasurer or deputy campaign treasurer between a primary depository and a separate interest-bearing account or certificate of deposit. The term includes any interest earned on such account or certificate.

The exceptions are:

 Services provided without compensation by individuals volunteering a portion or all of their time on behalf of a candidate including, but not limited to, legal and accounting services; IMPORTANT: The law provides no reporting exceptions for contribution information, regardless of the size of the contribution the reporting (e.g., requirements would be the same for a 50 contribution cent as for а \$500 contribution).

(Section <u>106.011(5)</u>, F.S.)

# **Unauthorized Contributions**

Any contribution received by a candidate with opposition in an election or by the campaign treasurer or deputy campaign treasurer on the day of that election or less than five days prior to the day of the election must be returned to the contributor and may not be used or expended by or on behalf of the candidate.

(Section 106.08(3), F.S.)

# Anonymous Contributions

When a candidate receives an anonymous contribution it must be reported on the candidate's campaign treasurer's report as an anonymous contribution. A letter should be submitted to the filing officer explaining the circumstances surrounding the acceptance of the anonymous contribution.

The candidate cannot spend the anonymous contribution, but at the end of the campaign can donate the amount to an appropriate entity under Section <u>106.141</u>, F.S.

(Division of Elections Opinion <u>89-02</u>)

Editorial endorsements.

# **In-Kind Contributions**

In-kind contributions are anything of value made for the purpose of influencing the results of an election.

The exceptions are:

- Money;
- Personal services provided without compensation by individual volunteers;
- Independent expenditures, as defined in Section <u>106.011(5)</u>, F.S.; or
- Endorsements of three or more candidates by affiliated party committees or political parties.

(Section <u>106.011</u>, F.S.; and Division of Elections Opinion <u>04-06</u>)

Any person who makes an in-kind contribution shall, at the time of making the contribution, place a fair market value on the contribution. In-kind contributions are subject to contribution limitations. Travel conveyed upon private aircraft shall be valued at the actual cost of per person commercial air travel for the same or a substantially similar route.

> (Section <u>106.055</u>, F.S., and Division of Elections Opinion <u>09-08</u>)

# Loans

Loans are considered contributions and are subject to contribution limitations. Loans to or from each person or political committee must be reported together with names, addresses, occupations, and principal places of business, if any, of the lenders and endorsers, including the date and amount of each loan on the campaign treasurer's report.

Loans made by a candidate to his or her own campaign are not subject to contribution limitations. A candidate who makes a loan to his or her campaign and reports the loan as required by Section <u>106.07</u>, F.S. may be reimbursed for the loan at any time the campaign account has sufficient funds to repay the loan and satisfy its other obligations.

All personal loans exceeding \$500 in value, made to a candidate and used for campaign purposes and made in the twelve months preceding his or her election to office, must be reported on Forms <u>DS-DE 73</u> and <u>73A</u>, **Campaign Loans Report**, and filed with the filing officer within ten days after being elected to office.

Any person who makes a contribution to pay all or part of a loan incurred in the twelve months preceding the election, to be used for the campaign, may not contribute more than the amount allowed in Section 106.08(1), F.S.

> (Sections <u>106.011</u>, <u>106.07</u> and <u>106.075</u>, F.S.)

# **Cash Contributions**

A candidate may not accept an aggregate cash contribution or contribution by means of a cashier's check from the same contributor in excess of \$50 per election. A money order or traveler's check is not considered cash.

IMPORTANT: Cash contributions must be

EXHIBIT 12 page 8 128

| STATEMENT OF                                                                                                                                                                                    | OFFICE(USE) QNEY)                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| CANDIDATE                                                                                                                                                                                       | 2016 FEB 18 AM 11:23                                                                          |
| (Section 106.023, F.S.)<br>(Please print or type)                                                                                                                                               | MIAMI-DADE<br>ELECTIONS                                                                       |
| I,Alfred Sa                                                                                                                                                                                     | ntamaria,                                                                                     |
| candidate for the office of                                                                                                                                                                     | /iami-Dade County Mayor;                                                                      |
| have been provided access to read an                                                                                                                                                            | d understand the requirements of                                                              |
| Chapter 106, Florida Statutes.                                                                                                                                                                  | N                                                                                             |
|                                                                                                                                                                                                 |                                                                                               |
|                                                                                                                                                                                                 |                                                                                               |
|                                                                                                                                                                                                 |                                                                                               |
|                                                                                                                                                                                                 |                                                                                               |
| X Cala.                                                                                                                                                                                         | February 18, 2016                                                                             |
| Signature of Candidate                                                                                                                                                                          | Date                                                                                          |
| . [[                                                                                                                                                                                            |                                                                                               |
|                                                                                                                                                                                                 |                                                                                               |
| ach candidate must file a statement with t<br>ppointment of Campaign Treasurer and Desig<br>illure to file this form is a first degree misde<br>inancing Act which may result in a fine of up t | gnation of Campaign Depository is filed. Willf<br>meanor and a civil violation of the Campaig |
| tatutes).                                                                                                                                                                                       | ·                                                                                             |
| tatutes).                                                                                                                                                                                       |                                                                                               |
| tatutes).                                                                                                                                                                                       |                                                                                               |

EXHIBIT 13

| •                                      |                                       |                         |
|----------------------------------------|---------------------------------------|-------------------------|
|                                        | Access to Handbook and the            | i de la co              |
| MIAMI-DADE                             | Election Laws of the State of Florida | 2016 FEB 18 AM 11:23    |
| Candidate/Chairpersor                  | n:                                    | MIAMI-DADE<br>ELECTIONS |
| Alfred                                 |                                       | Santamaria              |
| First Name                             | Middle Name                           | Last Name               |
|                                        | Miami-Dade County Mayor               |                         |
| 99499999999999999999999999999999999999 | Office Sought / Organization          |                         |

#4

1 acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

Candidate Qualifying Handbook (<u>http://www.miamidade.gov/elections/candidate.asp</u>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook (<u>http://www.miamidade.gov/elections/pacs.asp</u>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

| Acknowledged by:                | $\sum_{n}$                        |
|---------------------------------|-----------------------------------|
|                                 | Candidate / Chairperson Signature |
| Date: February 18, 2016         |                                   |
|                                 |                                   |
| Primary Telephone Number:       | (:305-477-9336                    |
|                                 |                                   |
| Alternate Telephone Number      |                                   |
|                                 |                                   |
| 10                              |                                   |
| E-mail address: <u>Santaman</u> | riacampaign 2016 @gmail.com       |
|                                 | -                                 |
| ED 2 (Rev. 4/12)                |                                   |
| 1                               |                                   |
|                                 | *                                 |

# FEC 16-119, 16-398, 16-375, 16-247 & FEC 16-118, 16-396

Anthony Gonzatez to margie.wade@myfloridalegal.com

10/18/2017 02:53 PM Hide Details

|              | *margie.wade@myfloridalegal.com* <margie.wade@< th=""><th>⊇myfloridalegal.com&gt;</th><th></th></margie.wade@<> | ⊇myfloridalegal.com> |  |
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| story        | This message has been replied to.                                                                               |                      |  |
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| `3 attach    | nents                                                                                                           |                      |  |
| $)^3$ attach | nents                                                                                                           | PBF to               |  |

Good afternoon, Ms. Wade:

This office represents New Leadership, P.C. and The Mayoral Campaign for Alfred Santamaria. Attached please find the executed affidavits directed to Jose Ramon Santamaria and Alfred Santamaria, which are due today. The originals are simultaneously being delivered via regular mail. Please let us know if you require any additional information regarding these matters.

Sincerely,

Aparthony Gonzalez, Esq. | Attorney at Law Go.\_\_alez Law Offices, P.A. | Gables Executive Offices 2655 Le Jeune Rd.| Suite 544 | Coral Gables, FL 33134 T. 305.676.6677 |F. 305.676.6861|W. <u>www.aglawoffices.com</u>

THIS TRANSMISSION IS ENTENDED SOLELY FOR THE RECIPIENT WHO IT IS ADDRESSED TO AND THE INFORMATION CONTAINED IN THIS MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE DESIGNATED RECIPIENT, BE AWARE THAT ANY COPYING, DISCLOSURE, DISTRIBUTION, DISSEMINATION, OR OTHER USE OF THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY OUR OFFICE BY EMAIL AT ANTHONYG@AGLAWOFFICES.COM OR BY PHONE AT (305) 676-6677 AND DESTROY ALL COPIES OF THIS MESSAGE AND ANY FILE ATTACHMENTS. THANK YOU.



FLORIDA ELECTIONS COMMISSION

107 W. Gaines Street, Suite 224 Collins Building Tallahassee, Florida 32399-1050 Telephone: (850) 922-4539 Fax: (850) 921-0783

October 6, 2016

Anthony Gonzalez, Esquire Gonzalez Law Offices PA 2655 LeJeune Road, 4<sup>th</sup> Floor Coral Gables, FL 33134

#### RE: Case No.: FEC 16-247; Respondent: Alfred Santamaria

Dear Mr. Gonzalez:

On July 28, 2016, the Florida Elections Commission received a complaint alleging that your client violated Florida's election laws. I have reviewed the complaint and find that it contains one or more legally sufficient allegations. The Commission staff will investigate the following alleged violations:

Section 106.07(5), Florida Statutes: Respondent, a 2016 candidate for Miami-Dade Mayor, filed one or more campaign treasurer reports that were either incorrect or incomplete, as alleged in the complaint.

Section 106.19(1)(c), Florida Statutes: Respondent, a 2016 candidate for Miami-Dade Mayor, falsely reported or deliberately failed to include information in one or more campaign reports required by Chapter 106, Florida Statutes, as alleged in the complaint.

You may respond to the allegations above by filing a notarized statement providing any information regarding the facts and circumstances surrounding the allegations. Your response will be included as an attachment to the investigator's report.

When we conclude the investigation, a copy of the Report of Investigation will be mailed to you at the above address. You may file a response to the report <u>within 14 days from the date the report</u> is mailed to you. Based on the results of the investigation, legal staff will make a written recommendation to the Commission on whether there is probable cause to believe you have violated Chapter 104 or 106, Florida Statutes. A copy of the Staff Recommendation will be mailed to you and you may file a response within 14 days from the date the recommendation is mailed to

you. Your timely filed response(s) will be considered by the Commission when determining probable cause.

The Commission will then hold a hearing to determine whether there is probable cause to believe you have violated Chapters 104 or 106, Florida Statutes. You and the complainant will receive a notice of hearing at least 14 days before the hearing. The notice of hearing will indicate the location, date, and time of your hearing. You will have the opportunity to make a brief oral statement to the Commission, but you will not be permitted to testify or call others to testify, or introduce any documentary or other evidence.

At any time before a probable cause finding, you may notify us in writing that you want to enter into negotiations directed towards reaching a settlement via consent agreement.

The Report of Investigation, Staff Recommendation, and Notice of Hearing will be mailed to the above address as this letter. Therefore, if your address changes, you must notify this office of your new address. Otherwise, you may not receive these important documents. Failure to receive the documents will not delay the probable cause hearing.

Under section 106.25, Florida Statutes, complaints, Commission investigations, investigative reports, and other documents relating to an alleged violation of Chapters 104 and 106, Florida Statutes, are <u>confidential</u> until the Commission finds probable cause or no probable cause. The confidentiality provision does not apply to the person filing the complaint. However, it does apply to you unless you waive confidentiality in writing. The confidentiality provision does not preclude you from seeking legal counsel. However, if you retain counsel, your attorney must file a notice of appearance with the Commission before any member of the Commission staff can discuss this case with him or her.

If you have any questions or need additional information, please contact Margie Wade, the investigator assigned to this case.

Sincerely Amy McKeever Toman

Executive Director

AMT/enr





August 19<sup>th</sup>, 2016

DELIVERED VIA CERTIFIED MAIL (RRR) AND ELECTRONIC MAIL Erin Riley Deputy Agency Clerk Florida Elections Commission 107 W. Gaines Street Suite 224 Collins Building Tallahassee, Florida 32399 fec@myfloridalegal.com

> Re: Case No.: FEC 16-247 Respondent: Alfred Santamaria

Dear Ms. Riley:

This firm has been retained by the Respondent, Mr. Alfred Santamaria, with regard to the above-referenced matter. Please accept this correspondence as the Initial Response, pursuant §106.25(2) of the Florida Statutes, to your letter dated August 1<sup>st</sup>, 2016.

The complaint dated July 21<sup>st</sup>, 2016 by Complainant, Juan Carlos Planas, Esq., against Respondent, Alfred Santamaria, (hereinafter referred to as the "Complaint") is legally insufficient pursuant to Rule 2B-1.0025 of the Florida Administrative Code & Florida Administrative Register as the Complaint fails to allege the specific facts required to support a violation of the Florida Election Code.

While the Complaint attempts to allege that the amount in Mr. Santamaria's campaign account at the end of business on June 16<sup>th</sup>, 2016 in connection with Mr. Santamaria's qualifying check received by the Miami-Dade County Elections Department on June 17<sup>th</sup>, 2016 at 9:58 a.m. results in insufficient funds to cover the amount of the campaign check, it fails to account for any deposits made to the campaign account after business hours on June 16<sup>th</sup>, 2016 and posted prior to the campaign check being issued. The Complaint fails to account for such deposits as one in the amount of

\$1,000.00 made after business hours on June 16<sup>th</sup>, 2016 and posted at the beginning of business on June 17<sup>th</sup>, 2016; prior to the issuance of the campaign check. Additionally, the Complaint fails to account for another deposit in the amount of \$800.00, which was timely posted in the campaign account for the purposes of ensuring that sufficient funds would be in the campaign account to cover the amount of the campaign check. A true and correct copy of said deposits is attached hereto as Exhibit "A."

The Complaint is nothing more than a fishing expedition in an attempt to unjustly harm Mr. Santamaria's campaign. The Complaint is even forced to admit that Mr. Santamaria's, "report shows roughly \$2,895 in donations listed on June 17<sup>th</sup>, that appears to be the date of contributions...." Notwithstanding, Mr. Santamaria has managed his campaign in a manner which ensures that no expense is authorized, nor any check signed on the campaign account, unless there are sufficient funds on deposit in said account to pay the full amount of the authorized expense and to honor all checks drawn on said account.

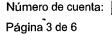
In light of the foregoing, the Complaint fails to allege the specific facts required to support a violation of the Florida Election Code and therefore fails to meet the requirements of Rule 2B-1.0025 of the Florida Administrative Code & Florida Administrative Register and accordingly should be dismissed as legally insufficient.

Please let us know how we can be of further assistance to this investigation.

Respectfully, Anthony Gonzalez, Esq.

Gonzalez Law Offices, F.A. Gables Executive Offices 2655 Le Jeune, Rd., Fourth Floor Coral Gables, Florida 33134 anthonyg@aglawoffices.com

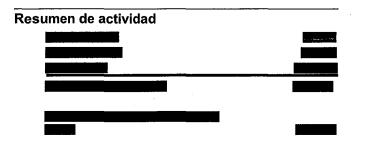
> GONZALEZ LAW OFFICES, P.A. GABLES EXECUTIVE OFFICES 2655 S Le Jeune Rd. 4th Floor, Coral Gables, FL 33134 786.200.3052 : anthonyg@aglawoffices.com





f your account balance does not reach zero within 30 days from the date of your request to close your account we will charge you the applicable monthly service fee if you do not meet the requirements to avoid the monthly service fee f the monthly service fee is greater than your account balance only the amount equal to your account balance will be charged and your account will be closed

After 30 days if your account balance does not reach zero your account will be returned to active status and subject to all applicable fees f your account is a variable interest earning account the interest rates disclosed in the rate sheet in effect on the date your account is returned to active status will apply We may change the interest rate for variable rate accounts at any time. You will need to reestablish Overdraft Protection and/or Debit Card Overdraft Service if desired by contacting your banker or calling the number on your statement.



Número de cuenta SANTAMARIA CAMPAIGN DBA SANTAMARIA CAMPAIGN FOR MAYOR

Florida: Se aplican los términos y condiciones de la cuenta

Para Depósitos Directos utilice el número de tránsito interbancario (RTN):

Para giros electrónicos utilice el número de tránsito interbancario (RTN):

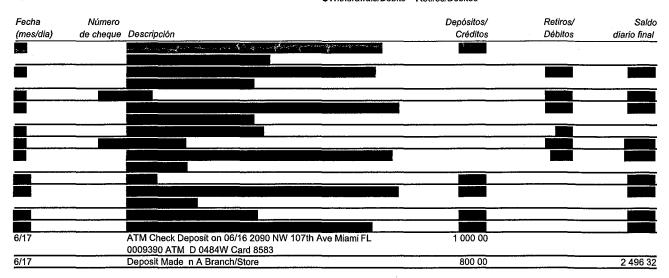
#### Protección contra Sobregiros

Actualmente esta cuenta no está cubierta por Protección contra Sobregiros Si desea más información acerca de la Protección contra Sobregiros y los requisitos de elegibilidad s rvase llamar al número que aparece en su estado de cuenta o visite la sucursal de Wells Fargo de su localidad

#### Historial de transacciones

Traducciones de términos de transacciones

- •ATM Withdrawal = Retiro de Cajero Automático (ATM)
- Automatic Transfer = Transferencia Automática
- Purchase = Compra
- nterest Payment = Pago de ntereses
- Monthly Service Fee = Cargo Mensual por Servicio
- Non Wells Fargo ATM Transaction Fee = Cargo por Transacción de Cajero Automático (ATM) que no pertenece a Wells Fargo
- NSF Return tem Fee = Cargo por Partida Devuelta por nsuficiencia de Fondos
  Overdraft Fee = Cargo por Sobregiro
- Overdraft Protection = Protección contra Sobregiros
- •Withdrawals/Debits = Retiros/Débitos







August 19<sup>th</sup>, 2016

### DELIVERED VIA CERTIFIED MAIL (RRR) AND ELECTRONIC MAIL Erin Riley Deputy Agency Clerk Florida Elections Commission 107 W. Gaines Street Suite 224 Collins Building Tallahassee, Florida 32399 fec@myfloridalegal.com

Re: Case No.: FEC 16-247 Respondent: Alfred Santamaria

Dear Ms. Riley:

Please allow this correspondence to serve as a formal Notice of Appearance on behalf of Respondent, Alfred Santamaria, in the above-captioned matter. Please serve all correspondence in this matter upon undersigned counsel.

Revol in FEC

8 23 10 2:026

R

Respectfully

Authony Conzalez, Esq. Gonzalez Law Offices, P.A. Gables Executive Offices 2655 Le Jeune, Rd., Fourth Floor Coral Gables, Florida 33134 anthonyg@aglawoffices.com

> Gonzalez Law Offices, P.A. Gables Executive Offices 2655 Le Jeune Rd., Fourth Floor, Coral Gables, FL 33134 786.200.3052 : <u>anthonyg@aglawoffices.com</u>



FEC 16-247 / Respondent: Alfred Santamaria Anthony Gonzalez to: fec@myfloridalegal.com

08/19/2016 11:38 AM Hide Details From: Anthony Gonzalez <anthonyg@aglawoffices.com> To: "fec@myfloridalegal.com" <fec@myfloridalegal.com>

2 Attachments



Notice of Appearance.pdf Response to Complaint w: Exhibit.pdf

Dear Ms. Riley:

I represent the Respondent, Alfred Santamaria, in the above-referenced matter. Attached please find our Notice of Appearance and Response to your letter dated August 1st, 2016. I am simultaneously delivering same via certified mail.

Please let me know if your require additional information.

Sincerely,

Anthony Gonzalez

Attorney at Law

Gonzalez Law Offices, P.A.

Gables Executive Offices

2655 Le Jeune Rd.

Fourth Floor

Coral Gables, FL 33134

786.200.3052

THIS TRANSMISSION IS INTENDED SOLELY FOR THE RECIPIENT WHO IT IS ADDRESSED TO AND THE INFORMATION CONTAINED IN THIS MESSAGE IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE DESIGNATED RECIPIENT, BE AWARE THAT ANY COPYING, DISCLOSURE, DISTRIBUTION, DISSEMINATION, OR OTHER USE OF THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS NOTIFY MESSAGE IN ERROR, PLEASE OUR OFFICE BY EMAIL AT ANTHONYG@AGLAWOFFICES.COM OR BY PHONE AT (786) 200-3052 AND DESTROY ALL COPIES OF THIS MESSAGE AND ANY FILE ATTACHMENTS. THANK YOU.



August 19<sup>th</sup>, 2016

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Respectfully,

Anthony Gonzalez, Esq. Gonzalez Law Offices, P.A. Gables Executive Offices 2655 Le Jeune, Rd., Fourth Floor Coral Gables, Florida 33134 anthonyg@aglawoffices.com

> Gonzalez Law Offices, P.A. Gables Executive Offices 2655 Le Jeune Rd., Fourth Floor, Coral Gables, FL 33134 786.200.3052 : <u>anthonyg@aglawoffices.com</u>



August 19<sup>th</sup>, 2016

DELIVERED VIA CERTIFIED MAIL (RRR) AND ELECTRONIC MAIL Erin Riley Deputy Agency Clerk Florida Elections Commission 107 W. Gaines Street Suite 224 Collins Building Tallahassee, Florida 32399 fec@myfloridalegal.com

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GONZALEZ LAW OFFICES, P.A. GABLES EXECUTIVE OFFICES 2655 S Le Jeune Rd. 4<sup>th</sup> Floor, Coral Gables, FL 33134 786.200.3052 : anthonyg@aglawoffices.com \$1,000.00 made after business hours on June 16<sup>th</sup>, 2016 and posted at the beginning of business on June 17<sup>th</sup>, 2016; prior to the issuance of the campaign check. Additionally, the Complaint fails to account for another deposit in the amount of \$800.00, which was timely posted in the campaign account for the purposes of ensuring that sufficient funds would be in the campaign account to cover the amount of the campaign check. A true and correct copy of said deposits is attached hereto as Exhibit "A."

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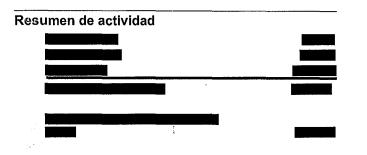
#### GONZALEZ LAW OFFICES, P.A. GABLES EXECUTIVE OFFICES 2655 S Le Jeune Rd. 4<sup>th</sup> Floor, Coral Gables, FL 33134 786.200.3052 : anthonyg@aglawoffices.com

Número de cuenta:



f your account balance does not reach zero within 30 days from the date of your request to close your account we will charge you the applicable monthly service fee if you do not meet the requirements to avoid the monthly service fee f the monthly service fee is greater than your account balance only the amount equal to your account balance will be charged and your account will be closed

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Número de cuenta

DBA SANTAMARIA CAMPAIGN FOR MAYOR

Florida: Se aplican los términos y condiciones de la cuenta

Para Depósitos Directos utilice

el número de tránsito interbancario (RTN):

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- •Withdrawals/Debits = Retiros/Débitos

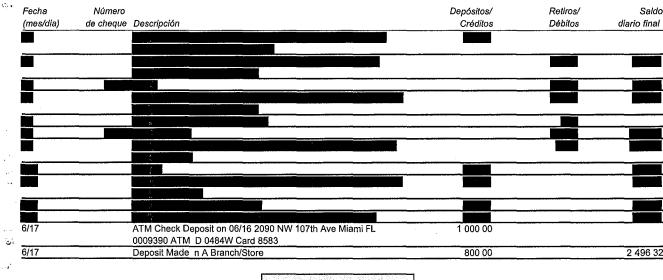


EXHIBIT A

| STATE OF FLORIDA         FLORIDA ELECTIONS COMMISSION       RECEIVED         107 West Gaines Street, Suite 224, Tallahassee, Florida 32399-1050         Telephone Number: (850) 922-4539         WW. fc. state. fl. us         Work Point Colspan="2">Molb JUL 28 / P 12: 19         CONFIDENTIAL COMPLAINT FORM         The Commission's records and proceedings in a case are confidential until the Commission's records and proceedings in a case are confidential until the Commission Teleform Probability         Configure Complaint will be provided to the person against whom the complaint is brought.         Name: Juan-Carlos Planas, Esq.         Work Phone: (305) 531-2424         Address: 600 Brickell Avenue, Suite 1715         Home Phone: (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:       Juan-Carlos Planas, Esq.       Work Phone: (305) 531-2424         Address:       600 Brickell Avenue, Suite 1715       Home Phone: (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FLORIDA ELECTIONS COM<br>107 West Gaines Street, Suite 224, Tallahassee<br>Telephone Number: (850) 922-45<br><u>www.fec.state.fl.us</u><br>CONFIDENTIAL COMPLAI<br>The Commission's records and proceedings in a case are confidentia | MISSION RECEIVED<br>, Florida 32399-1050<br><sup>539</sup> 2016 JUL 28 P 12: 19<br>NT FORM<br>STATE OF FLORIDA<br>al until the Commission Procession |
| Address:       600 Brickell Avenue, Suite 1715       Home Phone: ()         City:       Miami       County:       Miami-Dade       State:       Florida       Zip Code:       33131         2.       PERSON AGAINST WHOM COMPLAINT IS BROUGHT:         A person can be an individual, political committee, committee of continuous existence, political party, electioneering communication organization, club, corporation, partnership, company, association, or any other type of organization. (If you intend to name more than one individual or entity, please file multiple complaints.)         Name of individual or entity:       Alfred Santamaria         Address:       8181 N.W. 36 Street, Suite 21B       Phone: (305) 477-9336         City:       Doral       County:       Miami-Dade       State:       Florida       Zip Code:       33166         If individual is a candidate, list the office or position sought:       Miami Dade County Mayor         Have you filed this complaint with the State Attorney's Office? (check one)       Yes       ✓       No         3.       ALLEGED VIOLATION(S):       Please list the provisions of The Florida Election Code that you believe the person named above may have violated. The Commission has jurisdiction only to investigation the following provisions:       Chapter 104, Chapter 104, Chapter 104, Chapter 106, and Section 105.071, Florida Statutes. Also, please include:         ✓       The facts and actions that you believe support the violations you allege,                             | 1. PERSON BRINGING COMPLAINT:                                                                                                                                                                                                         |                                                                                                                                                      |
| Address:       600 Brickell Avenue, Suite 1715       Home Phone: ()         City:       Miami       County:       Miami-Dade       State:       Florida       Zip Code:       33131         2.       PERSON AGAINST WHOM COMPLAINT IS BROUGHT:         A person can be an individual, political committee, committee of continuous existence, political party, electioneering communication organization, club, corporation, partnership, company, association, or any other type of organization. (If you intend to name more than one individual or entity, please file multiple complaints.)         Name of individual or entity:       Alfred Santamaria         Address:       8181 N.W. 36 Street, Suite 21B       Phone: (305) 477-9336         City:       Doral       County:       Miami-Dade       State:       Florida       Zip Code:       33166         If individual is a candidate, list the office or position sought:       Miami Dade County Mayor         Have you filed this complaint with the State Attorney's Office? (check one)       Yes       ✓       No         3.       ALLEGED VIOLATION(S):       Please list the provisions of The Florida Election Code that you believe the person named above may have violated. The Commission has jurisdiction only to investigation the following provisions:       Chapter 104, Chapter 104, Chapter 104, Chapter 106, and Section 105.071, Florida Statutes. Also, please include:         ✓       The facts and actions that you believe support the violations you allege,                             | <sub>Name:</sub> Juan-Carlos Planas, Esq.                                                                                                                                                                                             | _ Work Phone: (305)531-2424                                                                                                                          |
| 2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:         A person can be an individual, political committee, committee of continuous existence, political party, electioneering communication organization, club, corporation, partnership, company, association, or any other type of organization. (If you intend to name more than one individual or entity, please file multiple complaints.)         Name of individual or entity:       Alfred Santamaria         Address:       8181 N.W. 36 Street, Suite 21B       Phone: (305) 477-9336         City:       Doral       County: Miami-Dade       State: Florida       Zip Code: 33166         If individual is a candidate, list the office or position sought:       Miami Dade County Mayor         Have you filed this complaint with the State Attorney's Office? (check one)       Yes       ✓       No         3. ALLEGED VIOLATION(S):       Please list the provisions of The Florida Election Code that you believe the person named above may have violated. The Commission has jurisdiction only to investigation the following provisions: Chapter 104, Chapter 106, and Section 105.071, Florida Statutes. Also, please include:         ✓       The facts and actions that you believe support the violations you allege,       ✓       The names and telephone numbers of persons you believe may be witnesses to the facts,         ✓       A copy of the documents you mention in your statement, and       ✓       Other evidence that supports your allegations.                                           |                                                                                                                                                                                                                                       |                                                                                                                                                      |
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| electioneering communication organization, club, corporation, partnership, company, association, or any other type of organization. (If you intend to name more than one individual or entity, please file multiple complaints.) Name of individual or entity: <u>Alfred Santamaria</u> Address: <u>8181 N.W. 36 Street, Suite 21B</u> Phone: ( <u>305</u> ) <u>477-9336</u> City: <u>Doral</u> County: <u>Miami-Dade</u> State: Florida Zip Code: <u>33166</u> If individual is a candidate, list the office or position sought: <u>Miami Dade County Mayor</u> Have you filed this complaint with the State Attorney's Office? (check one) □ Yes ☑ No <b>3.</b> <u>ALLEGED VIOLATION(S):</u> Please list the provisions of The Florida Election Code that you believe the person named above may have violated. The Commission has jurisdiction only to investigation the following provisions: Chapter 104, Chapter 106, and Section 105.071, Florida Statutes. Also, please include: <ul> <li>✓ The facts and actions that you believe support the violations you allege,</li> <li>✓ The facts and actions that you believe support the violations you allege,</li> <li>✓ The facts and actions that you believe support the violations you allege,</li> <li>✓ The facts and actions that you believe support the violations you allege,</li> <li>✓ A copy or picture of the political advertisements you mention in your statement,</li> <li>✓ A copy of the documents you mention in your statement, and</li> <li>✓ Other evidence that supports your allegations.</li> </ul> |                                                                                                                                                                                                                                       |                                                                                                                                                      |
| Address:8181 N.W. 36 Street, Suite 21BPhone: $(305)_{477-9336}$ City:DoralCounty:Miami-DadeState:FloridaZip Code:33166If individual is a candidate, list the office or position sought:Miami Dade County MayorHave you filed this complaint with the State Attorney's Office? (check one)Yes $\checkmark$ No3.ALLEGED VIOLATION(S):Please list the provisions of The Florida Election Code that you believe the person named above may have violated. The Commission has jurisdiction only to investigation the following provisions:Chapter 104, Chapter 104, Chapter 106, and Section 105.071, Florida Statutes. Also, please include:✓The facts and actions that you believe support the violations you allege,<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>✓<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | electioneering communication organization, club, corporation, p<br>other type of organization. (If you intend to name more than one<br>complaints.)                                                                                   | artnership, company, association, or any                                                                                                             |
| If individual is a candidate, list the office or position sought: Miami Dade County Mayor<br>Have you filed this complaint with the State Attorney's Office? (check one) ☐ Yes ☑ No<br>3. <u>ALLEGED VIOLATION(S):</u><br>Please list the provisions of The Florida Election Code that you believe the person named above may have<br>violated. The Commission has jurisdiction only to investigation the following provisions: Chapter 104,<br>Chapter 106, and Section 105.071, Florida Statutes. Also, please include:<br>✓ The facts and actions that you believe support the violations you allege,<br>✓ The names and telephone numbers of persons you believe may be witnesses to the facts,<br>✓ A copy or picture of the political advertisements you mention in your statement,<br>✓ A copy of the documents you mention in your statement, and<br>✓ Other evidence that supports your allegations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address: 8181 N.W. 36 Street, Suite 21B                                                                                                                                                                                               | Phone: (305)477-9336                                                                                                                                 |
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| <ul> <li>Have you filed this complaint with the State Attorney's Office? (check one) ☐ Yes ☑ No</li> <li>3. <u>ALLEGED VIOLATION(S):</u> Please list the provisions of The Florida Election Code that you believe the person named above may have violated. The Commission has jurisdiction only to investigation the following provisions: Chapter 104, Chapter 106, and Section 105.071, Florida Statutes. Also, please include: <ul> <li>✓ The facts and actions that you believe support the violations you allege,</li> <li>✓ The names and telephone numbers of persons you believe may be witnesses to the facts,</li> <li>✓ A copy or picture of the political advertisements you mention in your statement,</li> <li>✓ A copy of the documents you mention in your statement, and</li> <li>✓ Other evidence that supports your allegations.</li> </ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | If individual is a candidate list the office or position sought:                                                                                                                                                                      | Miami Dade County Mayor                                                                                                                              |
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| <ul> <li>The names and telephone numbers of persons you believe may be witnesses to the facts,</li> <li>A copy or picture of the political advertisements you mention in your statement,</li> <li>A copy of the documents you mention in your statement, and</li> <li>Other evidence that supports your allegations.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Please list the provisions of The Florida Election Code that you b<br>violated. The Commission has jurisdiction only to investigation                                                                                                 | the following provisions: Chapter 104,                                                                                                               |
| Please see attached statement with exhibits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul> <li>The names and telephone numbers of persons you belt</li> <li>A copy or picture of the political advertisements you r</li> <li>A copy of the documents you mention in your statement</li> </ul>                               | ieve may be witnesses to the facts,<br>nention in your statement,                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Please see attached statement with exhibits                                                                                                                                                                                           |                                                                                                                                                      |

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Additional materials attached (check one)? Ves

# 4. <u>OATH</u>

STATE OF FLORIDA COUNTY OF Miami Dade

I swear or affirm, that the above information is true and correct to the best of my knowledge.

Figinal Signature of Person Bringing Complaint day of Sworn to and subscribed before me this RECEIVED 2011 JUL 28 P D: O 20Signature of atary public. ANGELICA/SERRANO Commission # FF 983199 My Comm. Expires Apr 18, 2020 Bonded through National Notary Assn. (Print, Type, or Stamp Commissioned Name of Notary Public) Personally known Or Produced Identification Type of Identification Produced\_

Any person who files a complaint while <u>knowing</u> that the allegations are false or without merit commits a misdemeanor of the first degree, punishable as provided in Sections 775.082 and 775.083, Florida Statutes.

# **Complaint against Alfred Santamaria**

Alfred Santamaria is a candidate for Miami-Dade County Mayor. (See Exhibit "A", Campaign Filing Papers of Alfred Santamaria) Santamaria is in violation of multiple sections of Chapter 106 of the Florida Statues.

Santamaria filed his candidacy on February 18, 2016. Santamaria then filed his first set of qualifying paperwork on June 14, 2016 and them submitted his qualifying check on June 17, 2016. (See Composite Exhibit "B", qualifying paperwork and qualifying check of Alfred Santamaria.) However, a review of Santamaria's paperwork shows that he neither listed his qualifying fee as an expenditure in his finance reports, but more important, did not have enough money in his campaign bank account for his qualifying check to have cleared and been paid. (See Composite Exhibit "C", Campaign Finance Reports of Alfred Santamaria.)

A detailed review of his campaign finance reports show the problem. On May 31, 2016, when Santamaria files his 16M05 report, he only has \$851.47 in his campaign account. Between June 1, 2016 and June 16, 2016, Santamaria reports \$600 in contributions and \$1,008 in expenditures. Therefore, according to Santamaria's campaign finance report, on the close of business June 16, 2016, Santamaria only has \$443.47 in his campaign account. At 9:58 AM on June 17, 2016, the Miami Dade Elections Department shows a receipt of Santamaria's qualifying check in the amount of \$1,800. According to his reports, Santamaria did not have sufficient funds to cover that check, a clear violation of Chapter 106. Furthermore, Santamaria does not list his qualifying fee as an expenditure in his report.

While Santamaria's report shows roughly \$2,895 in donations listed on June 17<sup>th</sup>, that appears to be the date of contributions and it is unlikely that the contributions were deposited that day. Additionally, even if that money was deposited on June 17<sup>th</sup>, checks routinely take one or two days to clear the bank, further showing that there was insufficient funds in Sanatamria's campaign account when he submitted his qualifying check.

Although upon information and belief, Santamaria's qualifying check was not returned by the bank, this issue more than likely shows that there are significant irregularities in Santamaria's campaign bank account and his accounting practices. A further review of all his campaign finance reports raise serious concerns with donation amounts and expenditures that do not make sense. Santamaria's entire campaign financing should be immediately investigated and reviewed.

# EXHIBIT "A"

| APPOINTMENT OF C                                     | AMPAIGN TREASL                                      | JRER           |             |                     | REO                   | EIVEL                    | )            |               |
|------------------------------------------------------|-----------------------------------------------------|----------------|-------------|---------------------|-----------------------|--------------------------|--------------|---------------|
| DEPOSITORY F                                         | ON OF CAMPAIGN<br>OR CANDIDATES<br>6.021(1), F.S.)  | 1              |             | · .                 | 2016 FEB 1            |                          |              |               |
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| 2. Name of Candidate (in th                          | nis order: First, Middle, I                         | _ast)          |             |                     | clude post offic      | e box or s               | treet, city, | state, zip    |
| Alfred Santama                                       | ria                                                 |                | 818         | •                   | St., Suite 2          | 1B. Dora                 | L FL 33      | 166           |
|                                                      | 5. E-mail address                                   |                |             |                     |                       | 10, 00,0                 | .,           | 100           |
| (305)477-9336 \$                                     | antamariacampaign20                                 | llegmail<br>Co | m           |                     | :                     |                          |              |               |
| 6. Office sought (include di                         | strict, circuit, group num                          | iber)          |             |                     | andidate for a cable: | nonparti                 | san offic    | e, check if   |
| Miami-Dade County Ma                                 | ayor                                                |                |             |                     | My intent             | is to run as             | a Write-     | In candidate. |
| 8. If a candidate for a parti                        | san office, check bloc                              | k and fil      | l in nan    | ne of party         | as applicable         | : My inte                | ent is to ru | n as a        |
| Write-In No P                                        | arty Affiliation                                    |                |             |                     | ······                | Pai                      | rty can      | didate.       |
| 9. I have appointed the fol                          | lowing person to act a                              | s my           | X           | ampaign T           | reasurer              | Deputy                   | y Treasur    | er            |
| 10. Name of Treasurer or D                           | eputy Treasurer                                     |                |             |                     |                       |                          | *******      | · ·           |
| Alberto J. Ibarra                                    | ······                                              |                |             |                     |                       | 10 7 1                   | A            |               |
| 11. Mailing Address                                  | ) + D                                               |                |             |                     |                       | 12. Telep<br>(305)       |              | 6221          |
| 8181 NW 36 St., Suite 2<br>13. City                  | 14. County                                          | 15. St         | ata         | 16. Zip Cod         | e 17. E-mai           |                          | 9 47-        | 1336          |
| Doral                                                | Miami-Dade                                          | FL             |             | 10. 20 COU<br>33166 | santamaria            |                          | 2016@gr      | nail.com      |
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| 19. Name of Bank                                     |                                                     | LL.            |             | Idress              |                       |                          |              |               |
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| Miami                                                | Miami-Dade                                          |                |             | FL                  |                       |                          | 33172        |               |
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| 25. Date                                             |                                                     |                | 26. Si      | gnature of (        | Candidate             |                          |              |               |
| February 18, 2016                                    |                                                     |                | X           | $\subset$           | $\langle / / \rangle$ | ez.                      |              |               |
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| Alfredi Santamaria                                                |                           |           |           |                   |                     |                      |             |                        |              |
| Due Santam                                                        | ail address ariacampai gn | 6         | 8         | 181 N             | W 36 S              | t., Suite 2          | 1B, Dor     | al, FL 33 <sup>-</sup> | 166          |
| (3 03 19 17-9336 gmail                                            | com                       |           |           |                   |                     |                      |             |                        |              |
| 6. Office sought (include district, ci                            | ircuit, group num         | ber)      |           | 7.                | If a can<br>applica | didate for a         | nonparl     | isan office            | e, check if  |
| Miami-Dade County Mayor                                           |                           |           |           |                   |                     |                      | is to run a | is a Write-I           | n candidate. |
| 8. If a candidate for a <u>partisan</u> off                       | ice, check block          | and fill  | l in n    | ame of            | narty as            | applicable           | • My int    | ent is to ru           | n as a       |
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| Write-In No Party Aff                                             |                           |           |           |                   |                     |                      |             |                        | didate.      |
| 9. I have appointed the following                                 | -                         | s my      |           | Campa             | aign Trea           | surer 🔀              | Depu        | ty Treasure            | ər           |
| 10. Name of Treasurer or Deputy To<br>Darling Rozo                | reasurer                  |           |           |                   |                     |                      |             |                        |              |
| 11. Mailing Address                                               |                           |           |           | · · ·             |                     |                      | 12. Tele    | phone                  |              |
| 8181 NW 36 St., Suite 21B                                         |                           |           |           |                   |                     |                      |             | 477-9                  | 336          |
|                                                                   | County                    | 15. Sta   | ate       | 16. Zi            | p Code              | 17. E-mai            | l address   |                        |              |
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| 18. I have designated the following                               | ng bank as my             | Σ         |           | rimary            | Deposito            | ry 🗖                 | Seconda     | ary Deposit            | ory          |
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| Wells Fargo Bank, N.A.                                            | <b>T</b>                  |           | 170       |                   | 87 Ave              |                      |             |                        |              |
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| 25. Date                                                          |                           |           |           | Signatu           | re of Car           | ididaté              | /           |                        |              |
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| 27. Treasurer's Acc                                               |                           |           | t (fill i | in the bl         | anks and            | check the            | appropria   | te block)              |              |
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| 2. Name of Candidate (in                          | this order: First, Mid                             | ddle, Last)                | 3. Ad         | dress (inclu        | le post offic | e box or s     | street, city, state, zip              |
| Alfred: Santam                                    | aria                                               | ·                          | code          |                     |               |                |                                       |
| 4. Telephone                                      | 5. E-mail address<br>santamari o.caw<br>@gmail.com | npaign 2016                | 8181          | NW 36 S             | t., Suite 2   | 1B, Dora       | al, FL 33166                          |
|                                                   |                                                    |                            |               |                     |               | •              | · · · · · · · · · · · · · · · · · · · |
| 6. Office sought (include                         | district, circuit, grou                            | p number)                  |               | 7. If a can applica | ble:          |                | i <u>san</u> office, check if         |
| Miami-Dade County N                               | layor                                              |                            |               |                     | My intent     | is to run a    | s a Write-In candidate.               |
| 8. If a candidate for a par                       | <u>tisan</u> office, check                         | block and fil              | l in name     | of party as         | applicable    | : My int       | ent is to run as a                    |
| 🔲 Write-In 🗌 No                                   | Party Affiliation                                  | □                          |               |                     |               | Pa             | arty candidate.                       |
| 9. I have appointed the fo                        | bilowing person to                                 | act as my                  | Car           | npaign Trea         | surer 🗙       | Depu           | ty Treasurer                          |
| 10. Name of Treasurer or I                        | Deputy Treasurer                                   |                            |               |                     | · · · · ·     |                |                                       |
| Leonor Santamaria                                 |                                                    |                            |               |                     |               |                |                                       |
| 11. Mailing Address                               | 010                                                |                            |               |                     |               | 12. Tele       |                                       |
| 8181 NW 36 St., Suite<br>13. City                 | 14. County                                         | 15. St                     | ata 16        | . Zip Code          | 17. E-mai     | L              | )4779336                              |
| Doral                                             | Miami-Dade                                         | FL                         |               | 166                 |               |                | ign 2016@gmail.com                    |
| 18. I have designated the                         |                                                    |                            |               | ary Deposito        |               |                | ary Depository                        |
| 19. Name of Bank                                  |                                                    |                            | 20. Add       |                     | ·' Lu         |                |                                       |
| Wells Fargo Bank, N.A                             |                                                    |                            |               | W 87 Ave            |               |                |                                       |
| 21. City                                          | 22. Cour                                           | nty                        | . <b>I</b>    | 23. State           |               |                | 24. Zip Code                          |
| Miami                                             | Miami-C                                            | Dade                       |               | FL                  |               |                | 33172                                 |
| UNDER PENALTIES OF PERJUDES                       | IRY, I DECLARE THAT<br>IGNATION OF CAMPA           |                            |               |                     |               |                |                                       |
| 25. Date                                          |                                                    |                            | 26. Sign      | ature of Car        | ndidate       | /              | •                                     |
| February 18, 2016                                 |                                                    |                            | <b>X</b> <    | -6,                 | 1/p           | ų ·            |                                       |
| 27. Treasur                                       | er's Acceptance o                                  | f Appointmen               | t (fill in th | e blanks and        | I check the   | appropria      | te block)                             |
| 1. Jeonor S                                       | Please Print or                                    | <u>の、Riみ</u><br>Type Name) | (             |                     | , do hei      | eby accel      | ot the appointment                    |
| designated above as:                              | Camp                                               | baign Treasure             | er 🕅          | Deputy Tr           | easurer.      |                |                                       |
| 02/18/16<br>Dat                                   |                                                    | <u>X</u>                   | Gianchri      |                     | <u>ue la</u>  |                | uty Treasurer                         |
| Dau                                               |                                                    |                            | อเมาสเนเ      | e or Campa          | iyii rieasur  | a or nehr      |                                       |

DS-DE 9 (Rev. 10/10)

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Rule 1S-2.0001, F.A.C.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATEMENT OF<br>CANDIDATE<br>(Section 106.023, F.S.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2016 FEB 18 AM 11:23                                                                                                                                                                                      |
| (Please print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MIAMI-DADE<br>ELECTIONS                                                                                                                                                                                   |
| I,Alfred Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | intamaria,                                                                                                                                                                                                |
| candidate for the office of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Miami-Dade County Mayor;                                                                                                                                                                                  |
| have been provided access to read an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nd understand the requirements of                                                                                                                                                                         |
| Chapter 106, Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |
| $\sim$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>,</i>                                                                                                                                                                                                  |
| x dela                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Estation 10, 2016                                                                                                                                                                                         |
| Signature of Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | February 18, 2016<br>Date                                                                                                                                                                                 |
| . ( (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                           |
| Appointment of Campaign Treasurer and Designation for the file this form is a first degree misdes the file this form is a first degree misdes the file the file the form is a first degree misdes the file the fil | he qualifying officer within 10 days after the<br>gnation of Campaign Depository is filed. Willful<br>emeanor and a civil violation of the Campaign<br>to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida |

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|                                                                                                                                                                                                                                                          | Access to Handbook and the                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECEIVED                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MIAMIDADE)))                                                                                                                                                                                                                                             | Election Laws of the State of Flor                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rida 2016 FEB 18 AM 11:2                                                                                                                                                                                                                                |
| Candidate/Chairperson                                                                                                                                                                                                                                    | 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MIAMI-DADE<br>ELECTIONS                                                                                                                                                                                                                                 |
| Alfredu                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Santamaria                                                                                                                                                                                                                                              |
| First Name                                                                                                                                                                                                                                               | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last Name                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                          | Miami-Dade County Mayor                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                          | Office Sought / Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                         |
| Contains informat<br>Florida, County Landidate                                                                                                                                                                                                           | it is my responsibility to read, un<br>bed in the following resources ava<br>artment Website:<br>ying Handbook ( <u>http://www.miamidade.gov</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Qualifying Informatio<br>Important Candidate Information, and Rece                                                                                                                                                                                             | ilable on the Miami-Dae<br>/elections/candidate.asp)<br>action Laws of the State of<br>n, Electronic Reporting Date                                                                                                                                     |
| equirements describ<br>County Elections Dep<br>Contains informat<br>Florida, County La<br>and Procedures, I<br>Political Committe<br>Contains informat<br>Florida, County La                                                                             | bed in the following resources ava<br>artment Website:<br>ying Handbook ( <u>http://www.miamidade.gov</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Qualifying Informatio<br>Important Candidate Information, and Rece<br>be Handbook ( <u>http://www.miamidade.gov/e</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Electronic Reporting                                                                                         | ilable on the Miami-Dad<br>/elections/candidate.asp)<br>ection Laws of the State of<br>n, Electronic Reporting Date<br>ent Legislative Changes.<br>elections/pacs.asp)<br>ection Laws of the State of<br>Dates and Procedures,                          |
| equirements describ<br>County Elections Dep<br>Contains informat<br>Florida, County La<br>and Procedures, I<br>Political Committe<br>Contains informat<br>Florida, County La                                                                             | bed in the following resources ava<br>artment Website:<br>ying Handbook ( <u>http://www.miamidade.gov</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Qualifying Informatio<br>Important Candidate Information, and Rece<br>ee Handbook ( <u>http://www.miamidade.gov/e</u><br>tion on State Laws and Handbooks, the Ele                                                                                                                                    | ilable on the Miami-Dad<br>/elections/candidate.asp)<br>ection Laws of the State of<br>n, Electronic Reporting Date<br>ent Legislative Changes.<br>elections/pacs.asp)<br>ection Laws of the State of<br>Dates and Procedures,                          |
| equirements descrit<br>County Elections Dep<br>Contains informat<br>Florida, County La<br>and Procedures, I<br>Political Committe<br>Contains informat<br>Florida, County La<br>Important Commit                                                         | bed in the following resources availantment Website:<br>ying Handbook ( <u>http://www.miamidade.gov</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Qualifying Informatio<br>Important Candidate Information, and Rece<br>the Handbook ( <u>http://www.miamidade.gov/e</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Electronic Reporting<br>ttee Information, and Recent Legislative Ca                                           | ilable on the Miami-Dad<br>/elections/candidate.asp)<br>ection Laws of the State of<br>n, Electronic Reporting Date<br>ent Legislative Changes.<br>elections/pacs.asp)<br>ection Laws of the State of<br>Dates and Procedures,                          |
| equirements describ<br>County Elections Dep<br>Contains informat<br>Florida, County La<br>and Procedures, I<br>Political Committe<br>Contains informat<br>Florida, County La                                                                             | bed in the following resources availantment Website:<br>ying Handbook ( <u>http://www.miamidade.gov</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Qualifying Informatio<br>Important Candidate Information, and Rece<br>the Handbook ( <u>http://www.miamidade.gov/e</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Electronic Reporting<br>ttee Information, and Recent Legislative Ca                                           | ilable on the Miami-Dad<br>delections/candidate.asp)<br>ection Laws of the State of<br>n, Electronic Reporting Date<br>ent Legislative Changes.<br>elections/pacs.asp)<br>ection Laws of the State of<br>Dates and Procedures,<br>hanges.               |
| equirements descrit<br>County Elections Dep<br>Contains informat<br>Florida, County La<br>and Procedures, I<br>Political Committe<br>Contains informat<br>Florida, County La<br>Important Commit                                                         | bed in the following resources availantment Website:<br>ying Handbook ( <u>http://www.miamidade.gov</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Qualifying Information<br>Important Candidate Information, and Rece<br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Electronic Reporting<br>the Information, and Recent Legislative Ca<br>Candidate / Chairperson Sig                                                                | ilable on the Miami-Dad<br>delections/candidate.asp)<br>ection Laws of the State of<br>n, Electronic Reporting Date<br>ent Legislative Changes.<br>elections/pacs.asp)<br>ection Laws of the State of<br>Dates and Procedures,<br>hanges.               |
| equirements descrit<br>county Elections Dep<br>Candidate Qualify<br>Contains informat<br>Florida, County La<br>and Procedures, I<br>Political Committe<br>Contains informat<br>Florida, County La<br>Important Commit<br>Acknowledged by:<br>Eabruary 18 | bed in the following resources availartment Website:<br>ying Handbook ( <u>http://www.miamidade.gov/e</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Qualifying Information<br>Important Candidate Information, and Rece<br>the Handbook ( <u>http://www.miamidade.gov/e</u><br>tion on State Laws and Handbooks, the Ele<br>aws and Handbooks, Electronic Reporting<br>ttee Information, and Recent Legislative Ch<br>Candidate / Chairperson Sig<br>2016 | ilable on the Miami-Dae<br><u>dections/candidate.asp</u> )<br>ection Laws of the State of<br>n, Electronic Reporting Date<br>ent Legislative Changes.<br><u>elections/pacs.asp</u> )<br>ection Laws of the State of<br>Dates and Procedures,<br>hanges. |

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# Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirements

| Candidate (office sought):  | Miami-Dade County Mayor                       |                       |
|-----------------------------|-----------------------------------------------|-----------------------|
| Candidate's Florida Voter F | Registration Number: 116264765                |                       |
| Political Committee:        |                                               |                       |
| ] Party Executive Committee |                                               | <u>53</u><br>53<br>53 |
| Other:                      | ודן<br>רדן                                    | FHB                   |
| 1                           | Alfred Santamaria                             | -11-<br>0-11-         |
| •                           | ase print name of Candidale or Chairperson)   |                       |
|                             | reasurer's Reports must be filed electronical | iy via the            |

understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (<u>MD-ED 26</u>) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing . Entity (<u>MD-ED 19</u>) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person.

| Ans.                                                | February 18, 2016 |
|-----------------------------------------------------|-------------------|
| Signature of Candidate or Chairperson               | Date              |
| Day Time Telephone Number: 305.477.9                | 336               |
| Alternate Contact Number:                           |                   |
| Email Address: <u>Santamaria.campaisn.2016@gm</u> a | ail. com          |

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed. MD-ED 10 (Rev. 6/15) 1

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# EXHIBIT "B"

| ' ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MIAMI-DADE COUNTY<br>CANDIDATE OATH –<br>NONPARTISAN OFFICE<br>(Not for use by Judicial or School Board Candidates)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OFFIC<br>Proof of residency provided:<br>Driver's License<br>Voter Information Card<br>Property Tax Receipt                                                                                                                                                             | CE USE ONLY                                                                                                                                                                                   |
| (Section S<br><u>ALFREE</u><br>(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE<br>am a candidate for the nonpartisan office of <u>MIAN</u><br>I am a qualified elector of Miami-Dade County, Florid<br>and the Home Rule Charter of Miami-Dade County t<br>have qualified for no other public office in the state, the<br>office I seek; and I have resigned from any office fi<br>Florida Statutes; and I will support the Constitution of the<br>I affirm that I am a resident of Miami-Dade County,<br>submitting proof of my residency in the district for the<br>have read the foregoing Oath of Candidate and that the | AI-DADE COUNTY N<br>(OFFICE)<br>la; I am qualified under the Co<br>o hold the office to which I de<br>e term of which office or any pa<br>rom which I am required to re<br>the United States and the Cons<br>meet the minimum residency<br>e prescribed period. Under p | Densitution and the Laws of Florida<br>esire to be nominated or elected; I<br>art thereof runs concurrent with the<br>esign pursuant to Section 99.012,<br>stitution of the State of Florida. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | none Number                                                                                                                                                                                                                                                             | Email Address<br>tate ZIP Code                                                                                                                                                                |
| Candidate's Florida Voter Registration Number (locate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed on your voter information ca                                                                                                                                                                                                                                         | ard): 116264765                                                                                                                                                                               |
| * Please print name phonetically on the line below as disabilities ( <i>see</i> instructions on page 2 of this form):<br>AL-FRED SAN-TA-MA-REE-AH                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | you wish it to be pronounced o                                                                                                                                                                                                                                          | on the audio ballot for persons with                                                                                                                                                          |
| STATE OF FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                               |

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#### RESTRICTIONS

#### ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE. The State of Florida retains all property rights herein.



file pres-Executive Director Julie Jones Clayton Boyd Welden Clats & Wald Director of Motonst Services \$071407090236 Rev Date 09-01-12

www.fihsmv.gov





2016 JUN 14 PM 2:29

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



| FORM 6                                       | FULLAN                                                   | D PUBLIC DISC                                                                       | LOSURE                        | 2015                       |
|----------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Please print or type your name, mail         | OF FIN                                                   | NANCIAL INTER                                                                       |                               | OFFICE USE ONLY:           |
| address, agency name, and position           | L                                                        |                                                                                     | 2016 1110                     | 14 PM 2:30                 |
| SANTAMARIA - ALFREI                          |                                                          | · · · · · · · · · · · · · · · · · · ·                                               |                               |                            |
| MAILING ADDRESS:                             |                                                          |                                                                                     | MIAMI-L<br>FLECTION           | ADE COUNTY<br>S DEPARTMENT |
| 3750 NW 87 AVE                               |                                                          |                                                                                     | -                             |                            |
| SUITE 520                                    |                                                          |                                                                                     |                               |                            |
| CITY:                                        | ZIP :                                                    | COUNTY :<br>MIAMI-DADE                                                              |                               |                            |
| DORAL<br>NAME OF AGENCY :                    | 33178                                                    | MIAMI-DADE                                                                          |                               |                            |
| MIAMI-DADE COUNTY                            |                                                          |                                                                                     |                               |                            |
| NAME OF OFFICE OR POSITIC                    |                                                          |                                                                                     |                               |                            |
| MAYOR - MIAMID                               |                                                          |                                                                                     | -                             |                            |
| CHECK IF THIS IS A FILING BY                 |                                                          |                                                                                     |                               |                            |
|                                              |                                                          | PART A NET WORTH                                                                    |                               |                            |
| Please enter the value of y                  | our net worth as of D                                    | ecember 31, 2015 or a mo                                                            | re current date. (Note:       | Net worth is not cal-      |
| culated by subtracting you                   | reported liabilities fro                                 | om your <i>reported</i> assets, so                                                  | o please see the instruct     | ions on page 3.]           |
| My net worth as o                            | JUNE 6TH                                                 | , 20 <u>16</u> was \$                                                               | -205,483.00                   | <i>,</i>                   |
|                                              |                                                          |                                                                                     |                               |                            |
|                                              |                                                          | PART B ASSETS                                                                       |                               | <u></u>                    |
| following, if not held for inves             | al effects may be reported<br>tment purposes: jewelry; c | in a lump sum if their aggregate collections of stamps, guns, and storp store owned | numismatic items; art objects |                            |
| The aggregate value of my ho                 | usehold goods and person                                 | al effects (described above) is \$ _                                                | )                             |                            |
| ASSETS INDIVIDUALLY VALUE                    | D AT OVER \$1,000:                                       |                                                                                     |                               |                            |
|                                              |                                                          | cription is required - see instruc                                                  | ctions p.4)                   | VALUE OF ASSET             |
| AUTOMOBILE (MERCEDES                         |                                                          |                                                                                     |                               | 25,000.00                  |
| JEWELRY (ROLEX WATCH)                        |                                                          |                                                                                     |                               | 10,000.00                  |
| OFFICE EQUIPMENT                             |                                                          |                                                                                     |                               | 5,200.00                   |
| FURNITURE                                    |                                                          |                                                                                     |                               | 10,500.00                  |
|                                              |                                                          | PART C LIABILITIES                                                                  |                               |                            |
| LIABILITIES IN EXCESS OF \$1,<br>NAME AND AD | 000 (See instructions on<br>DRESS OF CREDITOR            | page 4):                                                                            |                               | AMOUNT OF LIABILITY        |
| MERCEDES BENZ FINANCIA                       | . BANK : P.O. BOX 685.                                   | , WESTLAKE, TX 76262                                                                |                               | 22,257.00                  |
| SCHOOL LOANS : SALLIE                        | MAE 102 ARTHUR AV                                        | /E, PANAMA CITY, FL 324                                                             | 01;                           | -                          |
| NAVIEN                                       | : P.O. BOX 9635, WIL                                     | KES BARRE, PA 18773 ;                                                               |                               | -                          |
| NELNET                                       | : 6420 SOUTHPOINT P                                      | KWY, JACKSONVILLE, FL                                                               | 32216                         | 233,427.00                 |
| JOINT AND SEVERAL LIABILIT<br>NAME AND AD    | ES NOT REPORTED ABO<br>DRESS OF CREDITOR                 | DVE:                                                                                |                               | AMOUNT OF LIABILITY        |
| N/A                                          |                                                          |                                                                                     |                               |                            |
|                                              |                                                          |                                                                                     |                               | Ī                          |
|                                              |                                                          |                                                                                     |                               | 1                          |

CE FORM 6 - Effective January 1, 2016 Incorporated by reference in Rule 34-8.002(1), FA.C.

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|                                                               | · · · ·                                        | PART D             | INCOME                                                                                           |                  |                                                                                                                 |
|---------------------------------------------------------------|------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                               | me tax return, including all W2                | 2s, schedules, ar  | during the year, including secondary and attachments. Please redact any so Commission's website. |                  |                                                                                                                 |
|                                                               |                                                |                    | s, schedules, and attachments.<br>need not complete the remainder of F                           | Part D.]         |                                                                                                                 |
| PRIMARY SOURCES OF INCO<br>NAME OF SOURCE OF INC              |                                                |                    |                                                                                                  | -                |                                                                                                                 |
| PLEASE SEE ATTACH                                             |                                                |                    | ADDRESS OF SOURCE OF INCOM                                                                       | Ľ                | AMOUNT                                                                                                          |
|                                                               |                                                |                    |                                                                                                  |                  |                                                                                                                 |
| SECONDARY SOURCES OF I                                        | INCOME [Major customers, cl                    | ients, etc., of bu | sinesses owned by reporting person-                                                              | see instruction  | ns on page 5]:                                                                                                  |
| NAME OF<br>BUSINESS ENTITY                                    | NAME OF MAJO<br>OF BUSINESS                    |                    | ADDRESS<br>OF SOURCE                                                                             |                  | PRINCIPAL BUSINESS                                                                                              |
|                                                               |                                                |                    |                                                                                                  |                  |                                                                                                                 |
| -<br>                                                         |                                                |                    |                                                                                                  |                  |                                                                                                                 |
| 1                                                             | PART E INTERESTS I                             | N SPECIFIEI        | BUSINESSES [Instructions on                                                                      | page 6]          |                                                                                                                 |
| NAME OF                                                       | BUSINESS ENTITY                                | #1                 | BUSINESS ENTITY # 2                                                                              | BUSIN            |                                                                                                                 |
| BUSINESS ENTITY<br>ADDRESS OF                                 | N/A                                            |                    |                                                                                                  | 07               | Manager and Man |
| BUSINESS ENTITY<br>PRINCIPAL BUSINESS                         |                                                |                    | ·                                                                                                | LIONS INT        |                                                                                                                 |
| ACTIVITY<br>POSITION HELD                                     |                                                |                    |                                                                                                  | in on            |                                                                                                                 |
| WITH ENTITY                                                   |                                                |                    |                                                                                                  | 50               |                                                                                                                 |
| INTEREST IN THE BUSINESS<br>NATURE OF MY                      |                                                |                    |                                                                                                  | RTM              |                                                                                                                 |
| OWNERSHIP INTEREST                                            |                                                |                    |                                                                                                  |                  | <u> </u>                                                                                                        |
| Eng office                                                    |                                                | PART F - 1         |                                                                                                  | 440.0440         | <b>F</b> O                                                                                                      |
|                                                               | •                                              |                    | cs training pursuant to section PLETED THE REQUIRED                                              |                  |                                                                                                                 |
|                                                               | ATH                                            |                    |                                                                                                  | Dou              | 1 12                                                                                                            |
| I, the person whose name app                                  |                                                |                    | Y OF <u><u>h</u> b b p p p p p p p p p p p p p p p p p </u>                                      | ma this          | day of                                                                                                          |
| beginning of this form, do dep                                |                                                | Swonn              |                                                                                                  |                  | ANTAMALIA                                                                                                       |
| and say that the information di and any attachments hereto ts | 1                                              |                    |                                                                                                  | ×-+              |                                                                                                                 |
| and complete.                                                 | side, accurate,                                | (Signatu           | ure of Notary Public state of Honoa                                                              | RODOL            | FO BORJA                                                                                                        |
|                                                               |                                                | (Print, T          | ype, or Stamp Complete on Munte                                                                  | Notary Public    | State of Florida                                                                                                |
| C Im.                                                         | An.                                            | Persona            | ally Known                                                                                       | My Comm. Exi     | pires, Jul 6, 2019<br>ational Notary Assn.                                                                      |
| SIGNATURE OF REPORTING                                        | S OFFICIAL OR CANDIDATE                        | Type of            | Identification Produced                                                                          | and the ought it | anonar Notary Assn.                                                                                             |
| If a certified public accountan she must complete the follow  | nt licensed under Chapter 4<br>/ing statement: | 73, or attorney    | in good standing with the Florida B                                                              | ar prepared      | this form for you, he or                                                                                        |
| I,<br>Section 112.3144, Florida Sta<br>and correct.           | atutes, and the instructions                   |                    | he CE Form 6 in accordance with<br>on my reasonable knowledge and                                |                  |                                                                                                                 |
| Signatu                                                       | ire                                            |                    |                                                                                                  | Date             |                                                                                                                 |
| -                                                             |                                                | loes not relie     | ve the filer of the responsibilit                                                                |                  | e form under oath.                                                                                              |
| IF ANY OF PARTS A                                             |                                                | ONTINUED (         | ON A SEPARATE SHEET, PL                                                                          | EASE CHE         | CK HERE                                                                                                         |

Incorporated by reference in Rule 34-8.002(1), F.A.C.

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|                                              |             |           | lividual Income                                    | Tax Return                             |                                        | AB NO.   | 1545-0074                                    | IRS Use      | Only-L                |                         | vrite or staple in this space.                                          |
|----------------------------------------------|-------------|-----------|----------------------------------------------------|----------------------------------------|----------------------------------------|----------|----------------------------------------------|--------------|-----------------------|-------------------------|-------------------------------------------------------------------------|
|                                              |             |           | other tax year beginning                           | Lastane                                | ,2015, ending                          |          | .20                                          |              |                       |                         | separate instructions.                                                  |
| Your first name an<br>ALFREDO                |             |           | TAMARIA                                            | Last name                              |                                        |          |                                              |              | - 1                   | TOUL                    | social security number                                                  |
| If a joint return, spo                       |             |           |                                                    | Last name                              |                                        |          |                                              |              |                       | Spous                   | se's social security number                                             |
| -                                            |             |           | ·                                                  |                                        |                                        |          |                                              |              |                       |                         |                                                                         |
| Home address (nu                             | mber        | and stre  | et). If you have a P.O. box                        | , see instructions.                    |                                        |          |                                              | Apt. no.     |                       |                         | ake sure the SSN(s) above and on line 6c are correct.                   |
| City, town or post of                        | office,     | state, ai | nd ZIP code. If you have a                         | foreign address, a                     | also complete spaces bel               | ow (see  | instruction                                  | s).          |                       |                         | lential Election Campaign<br>are if you, or your spouse if filing       |
| Foreign country n                            | ame         |           |                                                    | Foreign provin                         | ice/state/county                       | Forei    | ign postal o                                 | ode          | 1                     |                         | ant \$3 to go to this fund. Check-<br>ox below will not change your tax |
|                                              |             | 1 X       | Single                                             | L                                      | 4                                      | Hea      | ad of hou                                    | sehold (with | ı quali               | fying p                 | erson). (See instructions.                                              |
| Filing Status                                | 3           | 2         | Married filing jointly                             | (even if only on                       | e had income)                          | 11 11    | ne qualify                                   | ng person l  | s a ch                | ild but                 | not your dependent, ente                                                |
| Check only one                               |             | 3         | Married filing separa                              | itely. Enter spou                      | ise's SSN above                        | this     | child's n                                    | ame here. Þ  |                       |                         |                                                                         |
| box.                                         |             |           | and full name here.                                |                                        | <u>5  </u>                             |          |                                              | dow(er) wit  | h depe                | endent                  | child                                                                   |
| Exemptions                                   |             | 6a        | person of                                          | eone can claim                         | you as a dependent,                    | do not   | check bo                                     | x6a          |                       | • ]                     | Boxes checked on<br>6a and 6b                                           |
|                                              |             | b<br>c    | Dependents:                                        | • • • • • • •                          |                                        | <u> </u> | · · · · · · · ·                              | 16           | 1)√aa                 | ,l<br>itu under         | No. of children                                                         |
| If more than (1)                             | Firs        | Lname     | Last na                                            | me                                     | (2) Dependent's social security number |          | <ol> <li>Depend<br/>lationship t</li> </ol>  | enrs .       | áge 17 q<br>for child | ualifyang<br>lax credit | on 6c who:<br>• lived with you (                                        |
| four depen-                                  |             |           | ······                                             |                                        |                                        | 1        |                                              |              | (See Hist             | nuctions)               | did not five with<br>you due to divorce                                 |
| dents, see                                   |             |           |                                                    |                                        |                                        | 1        |                                              |              | <b> </b>              | 1                       | or separation<br>(see instructions)                                     |
| and check                                    |             |           |                                                    |                                        |                                        |          |                                              |              |                       |                         | Dependents on 6c (                                                      |
| here 🕨 🔲 🔛                                   |             |           |                                                    | ······································ |                                        | 1        |                                              |              |                       | ]                       | Add numbers                                                             |
|                                              |             | ď         | Total number of exemp                              | tions claimed                          |                                        |          |                                              |              |                       |                         | on lines above                                                          |
| Income                                       |             | 7 1       | Nages, salaries, tips, e                           | etc. Attach Form                       | n(s) W-2                               |          |                                              |              |                       | 7                       | 19,828.                                                                 |
| moome                                        |             |           | Taxable interest. Atta                             |                                        |                                        |          |                                              |              |                       | 8a                      |                                                                         |
|                                              |             | b         | Tax-exempt interest.                               | Do not include                         | on line 8a                             | 8b       |                                              |              |                       |                         | · · · · · · · · · · · · · · · · · · ·                                   |
| Attach Forms(s)                              | )           | 9a (      | Ordinary dividends. At                             | tach Schedule I                        | B if required                          |          |                                              |              |                       | 9a                      |                                                                         |
| W-2 here. Also                               |             | b         | Qualified dividends                                |                                        |                                        | 9b       |                                              |              |                       |                         |                                                                         |
| attach Forms<br>W-2G and                     |             | 10        | Faxable refunds, credit                            | s, or offsets of s                     | state and local income                 | taxes    | • • • <i>•</i>                               |              | • •                   | 10                      |                                                                         |
| 1099-R if tax                                |             | 11 /      | Alimony received                                   |                                        | • • • • • • • • • • •                  |          |                                              |              | · · .                 | 11                      |                                                                         |
| was withheld.                                |             |           | Business income or (lo                             | ,                                      |                                        | ••••     | • • • •                                      | • • • • • •  | i di la               | 12                      | 7,429.                                                                  |
|                                              |             |           | Capital gain or (loss).                            |                                        |                                        | require  | d, check l                                   | nëre 🕨       |                       | 13                      | ······································                                  |
| If you did not<br>get a W-2,                 |             |           | Other gains or (losses)                            | 1 1                                    | 1797                                   | <br>     | in di si | <br>         | • •                   | 14                      |                                                                         |
| see instructions.                            |             |           | RA distributions                                   | <u>15a</u>                             |                                        | - L.     | xable am<br>xable am                         |              | • •                   | 15b<br>16b              |                                                                         |
|                                              |             |           | Pensions and annuities<br>Rental real estate, roya | tomas                                  | ine S corporations tru                 | 4        |                                              |              |                       | 17                      |                                                                         |
|                                              |             |           | arm income or (loss).                              |                                        |                                        |          |                                              |              | -                     | 18                      |                                                                         |
|                                              |             |           | Jnemployment comper                                |                                        |                                        |          |                                              |              |                       | 19                      | ······································                                  |
|                                              |             |           | locial security benefits                           |                                        |                                        | b Tax    | xable amo                                    | ount         |                       | 20b                     |                                                                         |
|                                              |             | 21 (      | Other income. List type                            | e and amount                           |                                        |          |                                              |              |                       | 21                      |                                                                         |
|                                              |             | 22 (      | Combine the amounts i                              | n the far right c                      | ol för lines 7 through 2               | 21.This  | is your t                                    | otal incom   | 9 🕨                   | 22                      | 27,257.                                                                 |
|                                              | 0           | 23 E      | tucator expenses                                   | • • • • • • • •                        |                                        | 23       |                                              |              |                       |                         |                                                                         |
| Adjusted,                                    |             |           | ledain business expen                              |                                        |                                        |          |                                              |              |                       |                         |                                                                         |
| Gross                                        | с,          | ~~~       | nd fee-basis gov. offic                            |                                        |                                        | 24       |                                              |              |                       |                         |                                                                         |
| Income                                       | _           |           | ealth savings account                              |                                        |                                        | 25       |                                              |              |                       |                         |                                                                         |
| - CO. C. | <b>61</b> , |           | loving expenses. Atta                              |                                        |                                        | 26       |                                              | 52           | <u> </u>              |                         |                                                                         |
| Ц.                                           | <u></u>     |           | eductible part of self-e                           |                                        |                                        | 27<br>28 |                                              | 24           | <u></u>               |                         |                                                                         |
| $\odot$                                      | 2           |           | employed SEP, Sin                                  |                                        |                                        | 20       |                                              |              |                       |                         |                                                                         |
|                                              | NUL         |           | Enalty on early withdra                            |                                        |                                        | 30       |                                              |              |                       |                         |                                                                         |
| to Las                                       | 2016        |           | lipony paid b Recipie                              |                                        |                                        | 31a      |                                              |              |                       |                         |                                                                         |
|                                              | 20          | -         | <b>= 1</b>                                         |                                        | · · · · · · · · · · · ·                | 32       |                                              | i            |                       |                         |                                                                         |
|                                              |             |           | tudent loan interest de                            |                                        |                                        | 33       |                                              |              |                       |                         |                                                                         |
|                                              |             |           | uition and fees Attach                             |                                        |                                        | 34       |                                              |              |                       |                         |                                                                         |
|                                              |             | 35 D      | omestic production ac                              | tivities deductio                      | n. Attach Form 8903                    | 35       |                                              |              |                       |                         |                                                                         |
|                                              |             |           | dd lines 23 through 35                             |                                        |                                        |          |                                              |              | ]                     | 36                      | 525.                                                                    |
|                                              |             | 37 S      | ubtract line 36 from lin                           | e 22 This is vo                        | our adjusted gross in                  | icome    |                                              |              | . •                   | 37                      | 26,732.                                                                 |

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Form 1040 (2015)

|                                   |            |                               | ALFREDO M SANTAMARIA                                                                                                                                                                                                                                                                             |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dage 2                  |
|-----------------------------------|------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Form 1040 (2                      | 015)       |                               |                                                                                                                                                                                                                                                                                                  | 38       | <b></b>            | 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Page <b>2</b><br>732.   |
| Tax and                           |            | 38                            | Amount from line 37 (adjusted gross income)                                                                                                                                                                                                                                                      | 38       |                    | 20,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 132.                    |
| Credits                           |            | 39a                           | Check You were born before Jan. 2. 1951, Blind. Total boxes                                                                                                                                                                                                                                      |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Standard                          |            | ۱.                            | if Spouse was born before Jan. 2, 1951, _ Blind checked ▶ 39a                                                                                                                                                                                                                                    | 4        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Deductio                          |            | <u>b</u>                      |                                                                                                                                                                                                                                                                                                  |          |                    | c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 300.                    |
| for-                              |            | 40                            | Itomized deductions (from Schedule A) or your standard deduction (see left margin)                                                                                                                                                                                                               | 40       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| People w<br>check any             | ho         | 41                            | Subtract line 40 from line 38                                                                                                                                                                                                                                                                    | 41       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>432.</u><br>000.     |
| box on line<br>39a or 39b         | or         | 42                            | Exemptions, If line 38 is \$154,950 or less multiply 34 060 by the number on line 6d. Otherwise, see instructions                                                                                                                                                                                | 42       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 432.                    |
| who can be                        |            | 43                            | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-                                                                                                                                                                                                        | 43       |                    | and the second s | 003.                    |
| claimed as<br>dependent.          | a          | 44                            | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c                                                                                                                                                                                                                          | 44       | <u> </u>           | 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 005.                    |
| see<br>instructions               |            | 45                            | Alternative minimum tax (see instructions). Attach Form 6251                                                                                                                                                                                                                                     | 45       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| All others                        |            | 46                            | Excess advance premium tax credit repayment. Attach Form 8962                                                                                                                                                                                                                                    | 46       | +                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 003.                    |
| Single or                         | ·          | 47                            | Add lines 44, 45, and 46                                                                                                                                                                                                                                                                         | 47       |                    | 4,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 005.                    |
| Married filin separately,         | 9          | 48                            | Foreign tax credit. Attach Form 1116 if required                                                                                                                                                                                                                                                 |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| \$6,300                           |            | 49                            | Credit for child and dependent care expenses. Attach Form 2441                                                                                                                                                                                                                                   |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Married filin                     | 9          | 50                            | Education credits from Form 8863, line 19                                                                                                                                                                                                                                                        |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| jointly or<br>Qualifying          |            | 51                            | Retirement savings contributions credit. Attach Form 8880 51                                                                                                                                                                                                                                     |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| widow(er),<br>\$12,600            |            | 52                            | Child tax credit. Attach Schedule 8812, if required                                                                                                                                                                                                                                              |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Head of                           |            | 53                            | Residential energy credits. Attach Form 5695                                                                                                                                                                                                                                                     |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| household,<br>\$9,250             |            | 54                            | Other credits from Form a 3800 b 8801 c 54                                                                                                                                                                                                                                                       |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| 38,200                            | J          | 55                            | Add lines 48 through 54. These are your total credits                                                                                                                                                                                                                                            | 55       |                    | ~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 002                     |
|                                   |            | 56                            | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-                                                                                                                                                                                                                        | 56       | <b> </b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 003.                    |
|                                   |            | 57                            | Self-employment tax. Attach Schedule SE                                                                                                                                                                                                                                                          | 57       | ļ                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 050.                    |
| Other                             |            | 58                            | Unreported social security and Medicare tax from Form. a 4137 b 8919                                                                                                                                                                                                                             | 58       | <b> </b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Taxes                             |            | 59<br>60+                     | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required                                                                                                                                                                                                      | 59       | <u> </u>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
|                                   |            |                               | Household employment taxes from Schedule H                                                                                                                                                                                                                                                       | 60a      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
|                                   |            |                               | First-time homebuyer credit repayment. Attach Form 5405 if required                                                                                                                                                                                                                              | 60b      | <u> </u>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 219.                    |
|                                   |            |                               | Health care: individual responsibility (see instructions) Full-year coverage X                                                                                                                                                                                                                   | 61       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                |
|                                   |            |                               | Taxes from: a Form 8959 b Form 8960 c Instructions: enter code(s)                                                                                                                                                                                                                                | 62       |                    | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 272.                    |
| Devemante                         |            |                               | Add lines 56 through 62. This is your total tax                                                                                                                                                                                                                                                  | 63       |                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>                |
| Payments                          |            |                               |                                                                                                                                                                                                                                                                                                  |          | m                  | <b>~</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |
| If you have a<br>qualifying       | • L        |                               | 2015 estimated tax payments and amount applied from 2014 return 65                                                                                                                                                                                                                               |          |                    | õ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |
| child, attach                     | Г          |                               | Earned income credit (EIC)                                                                                                                                                                                                                                                                       |          | ( ) · · · ·        | ŝ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - C                     |
| Schedule El                       | <u> </u>   |                               | Nontaxable combat pay election 66b                                                                                                                                                                                                                                                               |          | E.                 | 2016 JUN 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (T)                     |
|                                   |            |                               | Additional child tax credit. Attach Form 8812                                                                                                                                                                                                                                                    |          | 2.0                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                       |
|                                   |            |                               | American opportunity credit from Form 8863, line 8                                                                                                                                                                                                                                               |          | ISD AD             | ÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TT.                     |
|                                   |            |                               | Amount paid with request for extension to file                                                                                                                                                                                                                                                   |          | mm                 | -00-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ETONIA<br>C             |
|                                   |            |                               | Excess social security and tier 1 RRTA tax withheld                                                                                                                                                                                                                                              |          | 12.57              | PH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |
|                                   |            |                               | Credit for federal tax on fuels. Attach Form 4136 72                                                                                                                                                                                                                                             |          | RTI                | N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | incend<br>9 # 6         |
|                                   |            |                               | Credits from Form: a $2439$ b solved c area d 73                                                                                                                                                                                                                                                 |          | MEN                | co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Steel                   |
|                                   |            |                               | Add lines 64, 65, 66a, and 67 through 73. These are your total payments                                                                                                                                                                                                                          | 74       | H                  | <b>T</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 906.                    |
| Refund                            |            |                               | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid                                                                                                                                                                                                  | 75       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Rorana                            |            | 76a .                         | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here                                                                                                                                                                                                                 | 76a      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Direct deposit?                   | ₽          | b                             | Routing ▶ c Type: Checking Savings                                                                                                                                                                                                                                                               |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| See instructions                  |            |                               | Account                                                                                                                                                                                                                                                                                          |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
|                                   |            |                               | Amount of line 75 you want applied to your 2016 estimated tax 🕨 77                                                                                                                                                                                                                               |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Amount                            |            | 78                            | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions                                                                                                                                                                                                       | 78       |                    | 1,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 383.                    |
| You Owe                           |            | 79                            | Estimated tax penalty (see instructions)                                                                                                                                                                                                                                                         |          | Ante-Sector Sector |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Third Part<br>Designee            |            | you wa<br><sup>gnee's</sup> ▶ | Phone Pa                                                                                                                                                                                                                                                                                         | sonal ic | plete bel          | low.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X No                    |
|                                   |            |                               |                                                                                                                                                                                                                                                                                                  | nber (i  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Sign                              |            | are true,<br>signatu          | is of payury Leterity o that Highe examined this return and accompanying schedules and statements, and to the best of my k<br>correct and complete. Deparation of preparer (other than taxpayer) is based on all information of which preparer has any kr<br>fer   Date   Date   Your occupation |          | je<br>lytime pho   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6</b> 1              |
| Here                              | 1001       | Jignulu                       | field director                                                                                                                                                                                                                                                                                   | 00       | yane pro           | le mano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 21                      |
| Joint return?<br>See instructions | A Soci     | ICO'C CIT                     | mature. If a joint return, both must sign Date Spouse's occupation                                                                                                                                                                                                                               | lf ti    | he IRS sent        | you an Ide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | intity                  |
| Keep a copy for<br>your records.  |            |                               | Spouse's occupation                                                                                                                                                                                                                                                                              | Pro      | ere (see ins       | enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |
| ,                                 | Print/Type | e prebar                      | er's name Preparer's signature Dator ( Che                                                                                                                                                                                                                                                       |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Constant and the second |
| Paid                              | DIANA      | 1                             |                                                                                                                                                                                                                                                                                                  | employ   |                    | 07668                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 346                     |
| Preparer                          | Firm's ba  |                               |                                                                                                                                                                                                                                                                                                  |          | 26-4               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Use Only                          |            |                               | -8181 NW 36TH STREET SUITE 13AB Phone                                                                                                                                                                                                                                                            |          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
|                                   |            |                               |                                                                                                                                                                                                                                                                                                  |          | -9180              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |

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and a window with the other states in

| SĊ         | HEDULE C                                                                  |                                      | Pr        | ofit or Loss                           | From Business                                    |              | 0                     | MB No. 1545-0074        |
|------------|---------------------------------------------------------------------------|--------------------------------------|-----------|----------------------------------------|--------------------------------------------------|--------------|-----------------------|-------------------------|
| -          | orm 1040)                                                                 |                                      | ••        |                                        | prietorship)                                     |              |                       | 2015                    |
| •          | artment of the Treasury                                                   | ► Information at                     | out Sc    | hedule C and its se                    | parate instructions is at www.irs.gov            | /schedule    | nc.                   | ZUIJ<br>Attachment      |
| Inter      | nal Revenue Service (99)                                                  | Attach to F                          | orm 10-   | 40, 1040NR, or 1041                    | ; partnerships generally must file Fo            | rm 1065.     | Ś                     | Sequence No. 09         |
|            | e of proprietor<br>LFREDO M SAN                                           | NTAMARIA                             |           |                                        |                                                  | Socials      | ecurily r             | number (SSN)            |
| A<br>C     | Principal business or<br>ONSULTING SE                                     | •                                    | ng prod   | uct or service (see in                 | structions)                                      | B Enter<br>► | code fr               | om instructions<br>999  |
| c          | Business name. If no                                                      | separate business                    | name,     | leave blank.                           |                                                  | D Empl       | oyer ID :             | no, (EIN), (see instr.) |
| Ē          | Business address (ind                                                     | cluding suite or roo                 | m no.)    | Þ                                      |                                                  | I            | ••••••                |                         |
|            | City, town or post offic                                                  |                                      |           |                                        |                                                  |              |                       |                         |
| F          | Accounting method:                                                        | (1) X Cas                            | sh (2)    | Accrual (3)                            | Other (specify) >                                |              |                       |                         |
| Ģ          |                                                                           |                                      |           |                                        | ig 2015? If "No," see instructions for lin       |              |                       | X Yes No                |
| Н          | · · · · · · · · · · · · · · · · · · ·                                     |                                      |           |                                        |                                                  |              |                       |                         |
| 1          |                                                                           |                                      |           |                                        | rm(s) 1099? (see instructions).                  |              |                       | Yes X No                |
| J          | If "Yes," did you or wil                                                  | I you file required I                | orms 1    | 099?                                   |                                                  |              |                       | Yes No                  |
|            | Income                                                                    | · Oris instantions                   | (         | 4                                      |                                                  | · · · ·      |                       |                         |
| 1          |                                                                           |                                      |           |                                        | if this income was reported to you on            |              |                       | 20,200.                 |
| 2          |                                                                           |                                      |           |                                        | 30                                               |              |                       | 20,200.                 |
| 2          |                                                                           |                                      |           |                                        |                                                  | تستشر ``     | ·                     | 20,200.                 |
| 4          |                                                                           |                                      |           |                                        |                                                  |              |                       | 20,200.                 |
| 5          | -                                                                         |                                      |           |                                        | · · · · · · · · · · · · · · · · · · ·            |              |                       | 20,200.                 |
| 6 -        |                                                                           |                                      |           |                                        | r refund (see instructions).                     |              |                       |                         |
| 7          |                                                                           |                                      |           |                                        |                                                  |              |                       | 20,200.                 |
| <b>B</b> P | Expenses.                                                                 | Enter expenses                       | for bu    | isiness use of your                    | home only on line 30.                            |              |                       |                         |
| 8          | Advertising                                                               |                                      | 8         | ······································ | 18 Office expense (see Instructions              | ) 18         | 3                     | 656.                    |
| 9          | Car and truck expense                                                     | es                                   |           |                                        | 19 Pension and profit-sharing plans              | 1            | 3                     |                         |
|            | (see instructions)                                                        |                                      | 9         | 4,153.                                 | 20 Rent or lease (see instructions):             |              | m                     |                         |
| 10         | Commissions and fees                                                      | <b>s</b>                             | 10        |                                        | a Vehicles, machinery, and equipn                | nent 20      |                       | 2016                    |
| 11         | Contract labor                                                            |                                      |           |                                        | b Other business property                        | 20           | b                     | <u> </u>                |
|            | (see instructions)                                                        |                                      | 11        |                                        | 21 Repairs and maintenance                       | 21           |                       |                         |
| 12         |                                                                           |                                      | 12        |                                        | 22 Supplies (not included in Part III            | ·            | 1002                  |                         |
| 13         | Depreciation and section<br>deduction (not included in                    |                                      |           |                                        | 23 Taxes and licenses                            |              |                       |                         |
|            | (see instructions)                                                        |                                      | 13        |                                        | 24 Travel, meals, and entertainmen               |              |                       |                         |
| 14         | Employee benefit prog                                                     |                                      |           |                                        | a Travel                                         | 24           | and the second second |                         |
| ÀE         | (other than on line 19)<br>Insurance (other than i                        |                                      | 14        | ······································ | b Deductible meals and                           |              |                       | 841                     |
| 15<br>16   | Interest:                                                                 | nealtn) , , , , ,                    | 15        |                                        | entertainment (see instructions)<br>25 Utilities |              |                       | <u> </u>                |
| a          | Mortgage (paid to ban                                                     | ks. etc.)                            | 16a       |                                        | 26 Wages (less employment credits                |              |                       |                         |
| b          |                                                                           |                                      | 16b       |                                        | 27a Other expenses (from line 48)                | ·            |                       | 2,988.                  |
| 17         | Legal and professional                                                    | 1                                    | 17        | 450.                                   | b Reserved for future use                        |              | rb                    |                         |
| 28         | Total expenses befor                                                      | e expenses for bu                    | siness u  | ise of home. Add line                  | es 8 through 27a                                 | . > 28       |                       | 12,771.                 |
| 29         | Tentative profit or (loss                                                 | <ol> <li>Subtract line 28</li> </ol> | from lin  | e7                                     |                                                  | 29           | )                     | 7,429.                  |
| 30         | Expenses for business                                                     | use of your home                     | Do not    | l report these expens                  | es elsewhere. Attach Form 8829                   |              |                       |                         |
|            | unless using the simpli                                                   | ified method (see i                  | nstructio | ons).                                  |                                                  |              |                       |                         |
|            | Simplified method file                                                    | •                                    |           | • • •                                  |                                                  |              |                       |                         |
|            | and (b) the part of your                                                  |                                      |           |                                        | Use the Simpli                                   | 1            |                       |                         |
|            |                                                                           |                                      | -         |                                        | line 30                                          | 30           | )                     |                         |
| 31         | Net profit or (loss). S                                                   |                                      |           |                                        |                                                  |              |                       | 7 400                   |
|            |                                                                           |                                      |           |                                        | ne 13) and on Schedule SE, line 2.               | 31           |                       | 7,429.                  |
|            | · •                                                                       |                                      | instruc   | cions). Estates and ti                 | rusts, enter on Form 1041, line 3.               | r            |                       |                         |
| 32         | <ul> <li>If a loss, you must</li> <li>If you have a loss, cher</li> </ul> | •                                    | cribes ·  | our investment in th                   | is activity (see instructions).                  |              |                       |                         |
| 52         | •                                                                         |                                      |           |                                        | or Form 1040NR, line 13) and                     |              |                       |                         |
|            | •                                                                         |                                      |           |                                        | ne line 31 instructions). Estates and            | ▶ 32a        | Allion                | vestment is at risk.    |
|            | trusts, enter on For                                                      |                                      |           |                                        | te the extensioner, Lotates and                  | 32b          | 6                     | e investment is not     |
|            |                                                                           |                                      | Form 6    | 198. Your loss may b                   | e limited.                                       |              | at risk               |                         |
|            | anonwork Poduction                                                        |                                      |           |                                        |                                                  |              |                       |                         |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedulo C (Form 1040) 2015

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| Part III Cost of Goods Sold (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|
| 33 Method(s) used to<br>value closing inventory: a Cost b Lower of cost or market c Other (attach ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | planation)                         |                                                        |
| 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?<br>If "Yes," attach explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 🗌 Yes                              | No                                                     |
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35                                 |                                                        |
| 36 Purchases less cost of items withdrawn for personal use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36                                 |                                                        |
| 37 Cost of labor. Do not include any amounts paid to yourself                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 37                                 |                                                        |
| 38 Materials and supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 38 5                               | Actives<br>Partices                                    |
| 39 Other costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - M                                | ;<br>m                                                 |
| 10 Add lines 35 through 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 40 m                               | enaus<br>Constantina                                   |
| 11 Inventory at end of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                        |
| 2 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4     Part V     Information on Your Vehicle. Complete this part only if you are claiming car or truck                                                                                                                                                                                                                                                                                                                                                                                                                                       | expenses on line                   |                                                        |
| not required to file Form 4562 for this business. See the instructions for line 13 to find out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | if you must file F                 | orm 4562.                                              |
| I3 When did you place your vehicle in service for business purposes? (month, day, year) ► _04/01/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                                  | - tar                                                  |
| 4 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e for:                             |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                                        |
| a Business 7222 b (see instr.) 18320 c Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                        |
| a Business 7222 b (see instr.) 18320 c Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X Yes                              | No                                                     |
| a Business       7222       b (see instr.)       18320       c Other         5 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    | No                                                     |
| a Business       7222       b (see instr.)       18320       c Other         5 Was your vehicle available for personal use during off-duty hours?       .       .       .         6 Do you (or your spouse) have another vehicle available for personal use?       .       .       .         7a Do you have evidence to support your deduction?       .       .       .       .                                                                                                                                                                                                                                                     | X Yes                              |                                                        |
| a Business       7222       b (see instr.)       18320       c Other         .5 Was your vehicle available for personal use during off-duty hours?       .       .       .         .6 Do you (or your spouse) have another vehicle available for personal use?       .       .       .         7a Do you have evidence to support your deduction?       .       .       .       .         b If "Yes," is the evidence written?       .       .       .       .                                                                                                                                                                      | X Yes<br>X Yes<br>X Yes            | □ No                                                   |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.      | No<br>   No<br>   No                                   |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | □ No<br>□ No<br>□ No<br>                               |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | □ No<br>□ No<br>□ No<br>, 056 .<br>, 140 .             |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | □ No<br>□ No<br>□ No<br>                               |
| a Business       7222       b (see instr.)       18320       c Other         5 Was your vehicle available for personal use during off-duty hours?       6 Do you (or your spouse) have another vehicle available for personal use?       6 Do you (or your spouse) have another vehicle available for personal use?       6 Do you (or your spouse) have another vehicle available for personal use?         7a Do you have evidence to support your deduction?       6 Do ther Expenses. List below business expenses not included on lines 8-26 or line 30 arking and Tolls         elephone       0         omputer and Internet | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | □ No<br>□ No<br>□ No<br>, 056 .<br>, 140 .             |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | ☐ No<br>☐ No<br><u> No</u><br>, 056.<br>, 140.<br>280. |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | ☐ No<br>☐ No<br><u> No</u><br>, 056.<br>, 140.<br>280. |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | □ No<br>□ No<br><u>056.</u><br>,140.<br>280.           |
| a Business       7222       b (see instr.)       18320       c Other         15 Was your vehicle available for personal use during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Yes<br>X Yes<br>X Yes<br>0.<br>1 | □ No<br>□ No<br><u>056.</u><br>,140.<br>280.           |

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| Schedule SE (Form 1040) 2015                                                                                                                                                                                                                                                                                                                                 | Attachment Sequ                                                                                        | ence             | No. 17 Page 2                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------|----------------------------------------|
| Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)                                                                                                                                                                                                                                                                            | Social security number of per                                                                          |                  | ny ii Fage i                           |
| ALFREDO M SANTAMARIA                                                                                                                                                                                                                                                                                                                                         | with self-employment income                                                                            | 1                |                                        |
| Section B - Long Schedule SE                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                  |                                        |
| Part I Self-Employment Tax                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                  | ************************************** |
| Note. If your only income subject to self-employment tax is church em                                                                                                                                                                                                                                                                                        | nlovae income see instructions                                                                         | Also             | see instructions for                   |
| the definition of church employee income.                                                                                                                                                                                                                                                                                                                    | proyee meetine, see mail dealons.                                                                      | hisu             |                                        |
| A If you are a minister, member of a religious order, or Christian Science practi                                                                                                                                                                                                                                                                            | lioner and you filed Form 4361, but y                                                                  | ou ha            | d \$400 or more of other               |
| net earnings from self-employment, check here and continue with Part I                                                                                                                                                                                                                                                                                       |                                                                                                        |                  |                                        |
| 1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Sch                                                                                                                                                                                                                                                                           |                                                                                                        |                  |                                        |
| box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional meth                                                                                                                                                                                                                                                                                 |                                                                                                        | 4.0              |                                        |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | <u>1a</u>        |                                        |
| b If you received social security retirement or disability benefits, enter the amore<br>Program payments included on Schedule F, line 4b, or listed on Schedule K-                                                                                                                                                                                           |                                                                                                        |                  |                                        |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Minis orders, see instructions for types of income to report on this line. See instruct                                                                                                               | + K-1 (Form 1065), box 14, code A<br>ters and members of religious<br>ions for other income to report. | 1b               |                                        |
| Note. Skip this line if you use the nonfarm optional method (see instructions)                                                                                                                                                                                                                                                                               |                                                                                                        | 2                | 7,429.                                 |
| 3 Combine lines 1a, 1b, and 2                                                                                                                                                                                                                                                                                                                                |                                                                                                        | 3                | 6,861.                                 |
| 4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter                                                                                                                                                                                                                                                                         |                                                                                                        | <u>4a</u>        | 0,001.                                 |
| Note. If line 4a is less than \$400 due to Conservation Reserve Program payr                                                                                                                                                                                                                                                                                 |                                                                                                        | ••               |                                        |
| b If you elect one or both of the optional methods, enter the total of lines 15 and                                                                                                                                                                                                                                                                          |                                                                                                        | <u>4b</u>        | {                                      |
| c Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-emplo                                                                                                                                                                                                                                                                               |                                                                                                        |                  | 6,861.                                 |
| Exception. If less than \$400 and you had church employee income, enter                                                                                                                                                                                                                                                                                      | -0- and continue                                                                                       | 4c               | 0,001.                                 |
| 5a Enter your church employee income from Form W-2. See instructions                                                                                                                                                                                                                                                                                         |                                                                                                        |                  |                                        |
| for definition of church employee income                                                                                                                                                                                                                                                                                                                     |                                                                                                        | <b>e</b> 1.      |                                        |
| b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-                                                                                                                                                                                                                                                                                          |                                                                                                        | <u>5b</u>        | 6,861.                                 |
| 6 Add lines 4c and 5b                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | 6                | 0,001.                                 |
| 7 Maximum amount of combined wages and self-employment earnings subject                                                                                                                                                                                                                                                                                      | •                                                                                                      | -                | 118,500 00                             |
| the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015<br>8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)<br>and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines<br>through 10, and go to line 11<br>b Unreported tips subject to social security tax (from Form 4137, line 10) | <sup>8b</sup> 8a 19,828.                                                                               | 7                | 118,500 00                             |
| c Wages subject to social security tax (from Form 8919, line 10)                                                                                                                                                                                                                                                                                             |                                                                                                        |                  |                                        |
| dAdd lines 8a, 8b, and 8c                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | 8d               | 19,828.                                |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and                                                                                                                                                                                                                                                                           |                                                                                                        | <u>- 80</u><br>9 | 98,672.                                |
| 0 Multiply the smaller of line 6 or line 9 by 12.4% (.124)                                                                                                                                                                                                                                                                                                   | - 1                                                                                                    | 10               | 851.                                   |
| 1 Multiply line 6 by 2.9% (.029)                                                                                                                                                                                                                                                                                                                             | 1                                                                                                      | 11               | 199.                                   |
| <ol> <li>Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, 1</li> </ol>                                                                                                                                                                                                                                                                 |                                                                                                        | 12               | 1,050.                                 |
| 3 Deduction for one-half of self-employment tax.                                                                                                                                                                                                                                                                                                             |                                                                                                        | 14               | 1,000.                                 |
| Multiply line 12 by 50% (.50). Enter the result here and on                                                                                                                                                                                                                                                                                                  |                                                                                                        |                  |                                        |
| Form 1040, line 27, or Form 1040NR, line 27                                                                                                                                                                                                                                                                                                                  | <b>13</b> 525.                                                                                         |                  |                                        |
| Earling Optional Methods To Figure Net Earnings (see                                                                                                                                                                                                                                                                                                         |                                                                                                        |                  |                                        |
| arm Optional Method. You may use this method only if (a) your gross farm inc                                                                                                                                                                                                                                                                                 |                                                                                                        |                  |                                        |
| r (b) your net farm profits <sup>2</sup> were less than \$5,284.                                                                                                                                                                                                                                                                                             |                                                                                                        |                  |                                        |
| 4 Maximum income for optional methods                                                                                                                                                                                                                                                                                                                        |                                                                                                        | 14               | 4,880 00                               |
| 5 Enter the smaller of two-thirds (2/3) of gross farm income <sup>1</sup> (not less than ze                                                                                                                                                                                                                                                                  | ero) or \$4,880. Also                                                                                  |                  | 1,000 00                               |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | 15               |                                        |
| Ionfarm Optional Method. You may use this method only if (a) your net nonfa                                                                                                                                                                                                                                                                                  |                                                                                                        |                  |                                        |
| nd also less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net                                                                                                                                                                                                                                                                     |                                                                                                        |                  |                                        |
| t least \$400 in 2 of the prior 3 years.                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                  |                                        |
| aution. You may use this method no more than five times.                                                                                                                                                                                                                                                                                                     |                                                                                                        |                  |                                        |
| 3 Subtract line 15 from line 14                                                                                                                                                                                                                                                                                                                              |                                                                                                        | 16               |                                        |
| 7 Enter the smaller of two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less tha                                                                                                                                                                                                                                                                   | n zero) or the amount                                                                                  |                  |                                        |
| on line 16. Also include this amount on line 4b above                                                                                                                                                                                                                                                                                                        |                                                                                                        | 17               |                                        |
|                                                                                                                                                                                                                                                                                                                                                              | C, line 31; Sch. C-EZ, line 3; Sch. K-                                                                 | 1 /5-            | TORS TO IL                             |
|                                                                                                                                                                                                                                                                                                                                                              | 0, line 31; Sch. C-E2, line 3; Sch. K-<br>1 K-1 (Form 1065-B), box 9, code J1.                         |                  |                                        |
| code A - minus the amount you would have entered on line 1b                                                                                                                                                                                                                                                                                                  | C, line 7, Sch. C-EZ, line 1; Sch. K-1<br>h. K-1 (Form 1065-B), box 9, code J2                         | (For             |                                        |
| had you not used the optional method.                                                                                                                                                                                                                                                                                                                        | WARE CORPUSIES AND                                                 | 1.00             |                                        |

Schedule SE (Form 1040) 2015

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|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------|----------------------|
|                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                              |                                                                        |                      |
| 0040                                                                        | Underpayme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt of E                 | stimated Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | x by                                             |                                              | OMB No. 1545                                                           | i-0074               |
| Form <b>2210</b>                                                            | Individuals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , Estat                 | es, and Trus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sts                                              |                                              | 201                                                                    | 5                    |
| Department of the Treasury                                                  | <ul> <li>Information about Form 2210 and it</li> <li>Attach to Form 1040,</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                | /form2210.                                   | Attachment                                                             | 06                   |
| Internal Revenue Service<br>Name(s) shown on tax ret                        | ومتجاذ البسية ستجار علي المتحار عن المراجع المراجع في المحافظ في المحافظ المراجع المحافظ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10404, 10               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2, 01 1041.                                      | Identifyl                                    | Sequence No.                                                           |                      |
| ALFREDO M S                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                              | İ.                                                                     |                      |
|                                                                             | Do You Have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • To Fi                 | ile Form 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 210?                                             |                                              |                                                                        |                      |
| Complete lines 1 thro                                                       | ugh 7 below. Is line 7 less than \$1,000?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                     | Do not file Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o <b>rm 2210</b> . Yo                            | u do not ow                                  | e a penalty.                                                           |                      |
| ↓ No                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 44 <b>8</b>             | Province and an and a state of the state of |                                                  |                                              | 201                                                                    |                      |
| Complete lines 8 and line 9?                                                | 9 below. Is line 6 equal to or more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                     | You do not ow<br>(but if box F in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                              | Edin 2210                                                              | 77)<br>FT1           |
| No                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                       | Form 2210).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                              |                                                                        | 0                    |
| You may owe a penal                                                         | ly. Does any box in Part II below apply?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Form 2210.                                       | Does box B                                   | C, or D in Part                                                        |                      |
| No                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ]                       | apply?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                              |                                              |                                                                        |                      |
|                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ▶                                                | You must                                     | gure you bena                                                          | lty.                 |
| $\mathbf{U}_{i} = \mathbf{U}_{i}$                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | ¥                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  | <b>~</b>                                     | ·                                                                      | l                    |
| penalty because the II<br>any unpaid amount. If<br>Part III or Part IV as a | 0. You are not required to figure your<br>RS will figure it and send you a bill for<br>you want to figure it, you may use<br>worksheet and enter your penalty<br>turn, but do not file Form 2210.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         | will figure it an want to figure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nd send you a<br>it, you may u<br>d enter your p | bill for any se Part III or<br>benalty amore | nalty because th<br>unpaid amount<br>r Part IV as a<br>unt on your tax | . If you             |
| Part Require                                                                | ed Annual Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                              |                                                                        |                      |
| 1 Enter your 2015 t                                                         | ax after credits from Form 1040, line 56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                              | 2,(                                                                    | 003.                 |
|                                                                             | iding self-employment tax and, if applicate tax and the self-employment tax and tax and the self-employment tax and tax and the self-employment tax and t | able, Addi              | itional Medicare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tax and/or N                                     | et 2                                         | 1.(                                                                    | 050.                 |
|                                                                             | ts, including the premium tax credit (see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e instructio            | ons)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 3                                            | (                                                                      | )                    |
| •                                                                           | Combine lines 1, 2, and 3. If less than \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000, st             | op; you do not c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | we a penalty                                     |                                              | 2 (                                                                    | 153                  |
| Do not file Form<br>5 Multiply line 4 by                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2,74                                             | 18. 4                                        | 3,0                                                                    | )53                  |
| 6 Withholding taxes                                                         | . Do not include estimated tax paymer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | 6                                            |                                                                        | 906.                 |
|                                                                             | m line 4. If less than \$1,000, stop; you dannual payment based on prior year's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                              |                                                                        | 1 <u>47.</u><br>245. |
|                                                                             | payment. Enter the smaller of line 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                              |                                                                        | 748.                 |
| Next: Is line 9 mo                                                          | ore than line 6?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | hu na taka ana da i                          |                                                                        |                      |
|                                                                             | ot owe a penalty. Do not file Form 221<br>owe a penalty, but do not file Form 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | l holowi appl                                | line                                                                   |                      |
|                                                                             | , or D applies, you must figure your per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | i below appi                                 | 100.                                                                   |                      |
| <ul> <li>If box A or</li> </ul>                                             | E applies (but not B, C, or D) file only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | page 1 of               | f Form 2210. You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | •                                            |                                                                        |                      |
|                                                                             | it and send you a bill for any unpaid an<br>d enter your penalty on your tax return,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  | γ, you may ι                                 | use Part III or IV                                                     | as a                 |
| Reason                                                                      | s for Filing. Check applicable boxe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | es. If none             | apply do not I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | file Form 221                                    | 0.                                           |                                                                        |                      |
| A You request a                                                             | waiver (see instructions) of your entired to figure your penalty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e penalty.              | You must check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this box and                                     | file page 1                                  | of Form 2210, 1                                                        | out you              |
| B You request a<br>Form 2210                                                | waiver (see instructions) of part of you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ir penalty              | . You must figure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e your penalty                                   | and waiver                                   | r amount and fil                                                       | e                    |
| installment m                                                               | aried during the year and your penalty<br>ethod. You must figure the penalty usi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ng Sched                | ule AI and file Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | orm 2210.                                        |                                              |                                                                        |                      |
| actually withhe                                                             | lower when figured by treating the fed<br>eld, instead of in equal amounts on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | payment                 | due dates. You r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | must figure yo                                   | our penalty                                  | and file Form 22                                                       | 210.                 |
| above. You mu                                                               | e filing a joint return for either 2014 or 2<br>ist file page 1 of Form 2210, but you ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | U15, but i<br>e not rec | not for both year<br>quired to figure y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s, and line 8<br>/our penalty (                  | above is sm<br>unless box                    | B, C, or D appli                                                       | es).                 |
| or Paperwork Reduction                                                      | n Act Notice, see separate instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                              | Form 221                                                               | IU (2015)            |

|                | OFFICIAL RECEI                                                                                                                                                                                                                                                                                                                   | <u>с</u> .О                  | No. 7291803                                               |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------|
| COUNTY         | RECEIVED FROM Alfazed Some amonia                                                                                                                                                                                                                                                                                                | DATE                         | 6 1 17 1 16                                               |
|                | ADDRESS 8/81 NW 36 th Street Suite 21                                                                                                                                                                                                                                                                                            |                              | MONTH DAY YEAR                                            |
|                | Dorol STREET ADDRESS F1 3:3/1                                                                                                                                                                                                                                                                                                    | -                            | \$ 1800."0                                                |
| A MOUNT OF     | ne Thousand Fight Hundy Dollars, and _ 0/100 0                                                                                                                                                                                                                                                                                   |                              | · · · · · · · · · · · · · · · · · · ·                     |
| For Payment of | K. A.V. and I.                                                                                                                                                                                                                                                                                                                   | ENTS TOTAL                   | ۹ <u>ــــــــــــــــــــــــــــــــــــ</u>             |
|                | r NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY                                                                                                                                                                                                                                                                                | AUTHORIZE                    | D EMPLOYEE OF DEPARTMEN                                   |
| DEPT.: Elec    |                                                                                                                                                                                                                                                                                                                                  | //                           | Immisceril                                                |
| OR OFFI        | CE USE ONLY                                                                                                                                                                                                                                                                                                                      | ( )                          |                                                           |
| TRANS          | Subsidiary Index Code                                                                                                                                                                                                                                                                                                            | SUBOBJECT                    | Amount                                                    |
|                |                                                                                                                                                                                                                                                                                                                                  |                              |                                                           |
|                |                                                                                                                                                                                                                                                                                                                                  |                              |                                                           |
|                |                                                                                                                                                                                                                                                                                                                                  |                              | ╏╌┼╼┝╼┾═┽╌┼╍┝┉┼═┼                                         |
| 07.01-1 6/04   |                                                                                                                                                                                                                                                                                                                                  |                              |                                                           |
|                | SANTAMARIA CAMPAIGN FOR MAYOR<br>SIST NW 30TH ST STE 21B<br>DOFAL, FL 33166-6641<br>Pay to the MIGMI Dade Count<br>Order of MIGMI Dade Count<br>CISATECN hundred<br>West Forgo Bank HA.<br>Forda<br>West Forgo Bank HA.<br>Forda<br>West Forgo Bank HA.<br>Forda<br>West Forgo Bank HA.<br>Forda<br>West Forgo Bank HA.<br>Forda | 1 <u>7/16</u><br><u>Y</u> \$ | 1076<br>63-751/631 10710<br>2101957559<br>Date<br>Dotlars |
|                |                                                                                                                                                                                                                                                                                                                                  |                              |                                                           |

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# EXHIBIT "C"

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| <pre>CAMPAIGN TREASUREF (1) Alfred Santamaria Name (2) 8181 N.W. 36 Street; Suite 21B Address (number and street) Doral, FL 33166</pre> | OFFICE USE ONLY<br>ONLINE SUBMISSION                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| (2) 8181 N.W. 36 Street; Suite 21B<br>Address (number and street)                                                                       | きょうちょう はっちょう はっちょう しょう きょうきがき オットラインス ちょう ちょう                                                                                           |
|                                                                                                                                         | [1106134]                                                                                                                               |
|                                                                                                                                         | Submitted on:<br>6/9/2016 18:19:08 (eastern)                                                                                            |
| City, State, Zip Code City, State, Zip Code City, State, Zip Code                                                                       | (3) ID Number: 1470                                                                                                                     |
| (4) Check appropriate box(es):                                                                                                          | (3) 12 Number                                                                                                                           |
| Candidate Office Sought: <u>Mayor</u> Political Committee (PC)                                                                          | ] Check here if PC or ECO has disbanded<br>] Check here if PTY has disbanded<br>] Check here if no other IE or EC reports will be filed |
| (5) Report I                                                                                                                            | dentifiers                                                                                                                              |
| Cover Period: From 5 / 1 / 2016 To                                                                                                      | 5 / <u>31</u> / <u>2016</u> <b>Report Type:</b> <u>16M05</u>                                                                            |
| ☑ Original         ☐ Amendment         ☐ Spect                                                                                          | ial Election Report                                                                                                                     |
| (6) Contributions This Report                                                                                                           | (7) Expenditures This Report                                                                                                            |
|                                                                                                                                         | Monetary<br>Expenditures \$,2, 657 . 05                                                                                                 |
|                                                                                                                                         | Transfers to<br>Office Account \$,,,0 00                                                                                                |
| <b>e</b> 0.00                                                                                                                           | Total Monetary \$,,, 657.05                                                                                                             |
|                                                                                                                                         | (8) Other Distributions<br>\$,,000                                                                                                      |
| (9) TOTAL Monetary Contributions To Date<br>\$,34_,44266                                                                                | (10) TOTAL Monetary Expenditures To Date<br>\$,33_,5919                                                                                 |
| (11) Certii<br>It is a first degree misdemeanor for any perso                                                                           | n to falsify a public record (ss. 839.13, F.S.)                                                                                         |
| I certify that I have examined this report and it is true, correct<br>(Type name)                                                       | ct, and complete:          (Type name)         □ Candidate       □ Chairperson (only for PC and PTY)                                    |
| X                                                                                                                                       | X                                                                                                                                       |
| Signature                                                                                                                               | Signature                                                                                                                               |

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| (1) Name _            | Alfred Santamaria                                                                       |     |                             | (2) I.D. Number1470 |             |           |         |  |
|-----------------------|-----------------------------------------------------------------------------------------|-----|-----------------------------|---------------------|-------------|-----------|---------|--|
|                       | 5/1/2016                                                                                |     |                             | /31/2016            |             |           |         |  |
| (3) Cover Pe          | eriod / /                                                                               | thr | ough                        | //                  | (4) Pag     | <b>e</b>  | of      |  |
| (5)<br>Date<br>(6)    | (7)<br>Full Name<br>(Last, Suffix, First, Middle)                                       |     | (8)                         | (9)                 | (10)        | (11)      | (12)    |  |
| Sequence              | Street Address &                                                                        |     | Contributor                 | Contribution        | In-kind     |           |         |  |
| Number                | City, State, Zip Code                                                                   |     | Occupation                  | Туре                | Description | Amendment | Amount  |  |
| 5/6/2016<br>1         | Kayros Design &<br>Construction ,<br>4401 NW 87TH AVE #805,<br>Doral,FL 33178, fl 33178 | В   | construct:<br>on            | СН                  |             |           | \$100.0 |  |
| 5/6/2016<br>/ /       | Instyle Beauty<br>Salon ,<br>1586 NE 8 Street<br>Homestead, fl 33033                    | B   | beauty<br>salon             | СН                  |             |           | \$100.0 |  |
| 5/7/2016<br>/ /       | The Pauline Hunt<br>Qualified In,<br>14831 SW 149 Ave<br>MIAMI, FL 33196                | В   |                             | СН                  |             |           | \$50.0  |  |
| 5/7/2016<br>/ /       | LAGM Services LLC<br>12905 SW 132nd Street Suite<br>MIAMI, FL 33196                     | B   | business<br>developmen<br>t | СН                  | <u>.</u>    |           | \$50.0  |  |
| 5/7/2016<br>/ /       | GreenLeaf Logistics<br>8004 NW 154 Street<br>Miami Lakes, FL 33016                      | B   | freight<br>logistics        | СН                  |             |           | \$500.0 |  |
| 5/21/2016<br>/ /      | LAGM Services LLC,<br>12905 SW 132nd Street Suite<br>MIAMI, FL 33196                    |     | business<br>developmen<br>t | CH                  |             |           | \$100.0 |  |
| 5/21/2016<br>/ /<br>7 | Centerline Services<br>LLC,<br>7274 NW 70th Street<br>MIAMI, FL 33166                   | B   | aviation a<br>logistics     | CH                  |             |           | \$500.C |  |
| 5/5/2016<br>/ /       | Yunez, Antonio<br>465 Brickell Ave<br>MIAMI, FL 33131                                   | I   | realtor                     | СН                  |             |           | \$50.0  |  |

| (1) Name _         | Alfred Santamaria                                                     | (2) I.D. Number1470 |                       |              |             |           |         |  |
|--------------------|-----------------------------------------------------------------------|---------------------|-----------------------|--------------|-------------|-----------|---------|--|
|                    | 5/1/2016                                                              |                     | 5                     | /31/2016     |             | 2         | · • 3   |  |
| (3) Cover Pe       | riod / /                                                              |                     | ougn                  | ''_          | (4) Page    | •         | or      |  |
| (5)<br>Date<br>(6) | (7)<br>Full Name<br>(Last, Suffix, First, Middle)                     |                     | (8)                   | (9)          | (10)        | (11)      | (12)    |  |
| Sequence           | Street Address &                                                      | с                   | ontributor            | Contribution | In-kind     |           |         |  |
| Number             | City, State, Zip Code                                                 | Туре                | Occupation            | Туре         | Description | Amendment | Amount  |  |
| 5/7/2016<br>/ /    | Perez, Hector<br>15031 SW 168 Terrace<br>MIAMI, FL 33187              | I                   | car<br>salesman       | СН           |             |           | \$100.0 |  |
| 9                  |                                                                       |                     |                       |              |             |           |         |  |
| 5/7/2016<br>/ /    | Hutchinson, Patrick<br>1780 NE 36TH AVE<br>MIAMI, FL 33033            | c I                 | general<br>contractos | СН           |             |           | \$250.0 |  |
| 10                 |                                                                       |                     |                       |              |             |           |         |  |
| 5/7/2016<br>/ /    | Nieto, Luis<br>3772 NE 9 Ct<br>Homestead, FL 33033                    | I                   | truck<br>driver       | СН           |             |           | \$50.0  |  |
| 11                 |                                                                       |                     |                       |              |             |           |         |  |
| 5/7/2016<br>/ /    | Heins, Juan<br>6970 NW 186 Street, #302<br>HIALEAH, FL 33015          | I                   |                       | СН           |             |           | \$25.0  |  |
| 12                 |                                                                       |                     |                       |              |             |           |         |  |
| 5/7/2016<br>/ /    | Alvarez, Ofelia<br>9021 SW 94 Street, Apt 401<br>MIAMI, FL 33176      | I                   |                       | СН           |             |           | \$50.0  |  |
| 13                 |                                                                       |                     | :                     |              |             |           |         |  |
| 5/7/2016<br>/ /    | Buoniconti, Marc<br>60 Edgewater Drive, #9D<br>CORAL GABLES, F1 33133 | I                   | sr dir<br>miami proj  | СН           |             |           | \$250.0 |  |
| 14                 |                                                                       |                     |                       |              |             |           |         |  |
| 5/10/2016          | Gil, Sergio R<br>1805 Ponce de Leon Blvd, Ar                          | I<br>t 633          | energy<br>drink       | СН           |             |           | \$350.0 |  |
| 15                 | CORAL GABLES, F1 33134-                                               |                     | salesman<             |              |             |           |         |  |
| 5/14/2016<br>/ /   | Gutierrez, Juan<br>Carlos<br>14912 SW 36 Street<br>davie, fl 33331    | I                   |                       | СН           |             |           | \$50.0  |  |
| 16                 | NEVEL I SUDI                                                          |                     |                       |              |             |           |         |  |

| 5/1/2016                                                                 |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        | (2) I.D. Number <u>1470</u>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        | /31/2016                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - 3                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| riod / /                                                                 | thr                                                                                                                                                                                                                                                                                                                                                                      | ough                                                                                                                                                                                                                                                                                                                   | //                                                                                                                                                                                                                                                                                                                                                                | (4) Pa                                                                                                                                                                                                                                                                                                                                                                                                         | ge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| (7)<br>Full Name                                                         |                                                                                                                                                                                                                                                                                                                                                                          | (8)                                                                                                                                                                                                                                                                                                                    | (9)                                                                                                                                                                                                                                                                                                                                                               | (10)                                                                                                                                                                                                                                                                                                                                                                                                           | (11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (12)                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| Street Address &                                                         |                                                                                                                                                                                                                                                                                                                                                                          | 1                                                                                                                                                                                                                                                                                                                      | Contribution                                                                                                                                                                                                                                                                                                                                                      | In-kind                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          | Occupation                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                   | Description                                                                                                                                                                                                                                                                                                                                                                                                    | Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Constanza                                                                |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        | СН                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$30.(                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Yamin, Augusto                                                           |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        | СН                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$100.                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| 3232 SW 22 Street, Apt 100<br>miami, fl 33145                            |                                                                                                                                                                                                                                                                                                                                                                          | import<br>sales                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Alvarez, Johana<br>Individual<br>15481 SW 21 TERRACE<br>Miami, F1 33185- |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        | СН                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$50.                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| VARELA, MYRIAM J<br>8315 NW 64 ST<br>MIAMI, FL 33166                     | I                                                                                                                                                                                                                                                                                                                                                                        | realtor                                                                                                                                                                                                                                                                                                                | СН                                                                                                                                                                                                                                                                                                                                                                | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$500.                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                          | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code<br>Orrega, Danny<br>Constanza<br>3180 S. Ocean Drive, Apt 12<br>HALLANDALE, F1 33009-<br>Yamin, Augusto<br>3232 SW 22 Street, Apt 100<br>miami, f1 33145<br>Alvarez, Johana<br>Individual<br>15481 SW 21 TERRACE<br>Miami, F1 33185-<br>VARELA, MYRIAM J<br>8315 NW 64 ST | (7)Full Name(Last, Suffix, First, Middle)Street Address &City, State, Zip CodeOrrega, DannyIConstanza3180 S. Ocean Drive, Apt 122HALLANDALE, F1 33009-Yamin, Augusto3232 SW 22 Street, Apt 100miami, f1 33145Alvarez, JohanaIndividual15481 SW 21 TERRACEMiami, F1 33185-VARELA, MYRIAM JVARELA, MYRIAM J8315 NW 64 ST | (7)(8)Full Name(Last, Suffix, First, Middle)Street Address &City, State, Zip CodeOrrega, DannyOrrega, DannyIConstanza3180 S. Ocean Drive, Apt 122HALLANDALE, F1 33009-Yamin, Augusto3232 SW 22 Street, Apt 100miami, f1 33145Alvarez, JohanaIndividual15481 SW 21 TERRACEMiami, F1 33185-VARELA, MYRIAM JVARELA, MYRIAM JVARELA, MYRIAM JVARELA, MYRIAM JIrealtor | (7)(8)(9)Full NameContributorContributor(Last, Suffix, First, Middle)Street Address &ContributorStreet Address &ContributorTypeOrrega, DannyICConstanzaICH3180 S. Ocean Drive, Apt 122IHALLANDALE, F1 33009-IYamin, AugustoI3232 SW 22 Street, Apt 100Imiami, f1 33145IAlvarez, JohanaIIndividualI15401 SW 21 TERRACEanalystMiami, F1 33185-IVARELA, MYRIAM JIVARELA, MYRIAM JVARELA, MYRIAM JVARELA, MYRIAM J | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip CodeContributor<br>TypeContribution<br>DescriptionOrrega, Danny<br>Constanza<br>3180 S. Ocean Drive, Apt 122<br>HALLANDALE, F1 33009-ICHYamin, Augusto<br>3232 SW 22 Street, Apt 100<br>miami, f1 33145Ifood<br>food<br>import<br>salesCHAlvarez, Johana<br>Individual<br>15481 SW 21 TERRACE<br>Miami, F1 33185-Isupply<br>chain<br>analystCHVARELA, MYRIAM J<br>B315 NW 64 STIrealtorCH | Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip CodeContributorContributionIn-kind<br>DescriptionAmendmentOrrega, Danny<br>Constanza<br>3180 S. Ocean Drive, Apt 122<br>HALLANDALE, F1 33009-ICHCHCHYamin, Augusto<br>3232 SW 22 Street, Apt 100<br>miami, f1 33145Ifood<br>import<br>salesCHAlvarez, Johana<br>Individual<br>15481 SW 21 TERRACE<br>Miami, F1 33185-Isupply<br>chain<br> |  |  |  |

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| 3) Cover Peric                           | red Santamaria<br>5/1/2016 5<br>od/through                                                     | /31/2016                                                                   | 2) I.D. Number<br>4) Page1 |                   | 2              |
|------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| (5)<br>Date<br>(6)<br>Sequence<br>Number | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
| 5/9/2016<br>1                            | Zters Wastevalue,<br>13727 Office Park Drive<br>Houston, TX 77070                              | portable toilet<br>rental                                                  | МО                         |                   | \$155.1        |
| 5/9/2016<br>//<br>2                      | Wells Fargo,<br>P.O BOX 6995<br>FORTLAND, OR 97228                                             | bank charges                                                               | MO                         |                   | \$3.0          |
| 5/10/2016<br>///<br>3                    | D&S Insurance,<br>8181 nw 36th st<br>MIAMI, FL 33166                                           | certificate of insurance                                                   | MO                         |                   | \$448.9        |
| 5/16/2016                                | Homeshopper,<br>14040 SW 148th Lane<br>MIAMI, FL 33186                                         | flyers                                                                     | МО                         |                   | \$176.5        |
| 5/16/2016                                | Salazar, Grace<br>6935 NW 179th St Apt 208<br>MIAMI, FL 33015                                  | telemarketing                                                              | МО                         |                   | \$300.0        |
| 5/23/2016                                | METRO PCS, May<br>PO Box 601119<br>DALLAS, TE 75360-                                           | telephone<br>expense                                                       | МО                         |                   | \$60.0         |
| 5/31/2016<br>///<br>7                    | The UPS Store,<br>11251 NW 20TH ST Unit 140<br>MIAMI, FL 33172                                 | flyers                                                                     | МО                         |                   | \$454.7        |
| 5/31/2016<br>//<br>8                     | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                                             | bank charges                                                               | МО                         |                   | \$14.0         |

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|                           | CAMPAIGN TREASURER'S<br>red Santamaria<br>5/1/2016 5<br>od/_/through       | ()                                                       | <ul><li>2) I.D. Number</li><li>4) Page 2</li></ul> | ۲         |         |
|---------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|-----------|---------|
| (5)<br>Date               | (7)<br>Full Name                                                           | (8)<br>Purpose                                           | (9)                                                | (10)      | (11)    |
| (6)<br>Sequence<br>Number | (Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type                                | Amendment | Amount  |
| 5/31/2016<br>9            | Raise the Money, Inc.,<br>P.O. Box 26466<br>Little Rock, AR 72221          | credit fee                                               | МО                                                 |           | \$5.4   |
| 5/31/2016<br>///<br>10    | SQUARE INC,<br>1455 Market St STE 600<br>SAN FRANCISCO, CA 94103           | credit fee                                               | МО                                                 |           | \$39.2  |
| 5/9/2016<br>///<br>11     | Quintero, Humberto<br>1552 NW 135 AVE<br>PEMBROKE PINES, FL 33028          | transportation                                           | MO                                                 |           | \$500.0 |
| 5/9/2016<br>///<br>12     | Quintero, Humberto<br>1552 NW 135 AVE<br>PEMBROKE PINES, FL 33028          | transportation                                           | МО                                                 |           | \$500.0 |
|                           | -                                                                          |                                                          |                                                    |           |         |
|                           |                                                                            |                                                          |                                                    |           |         |
|                           |                                                                            |                                                          |                                                    |           |         |
|                           | -                                                                          |                                                          |                                                    |           |         |

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| CAMPAIGN TREASURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ER'S REPORT SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>(1) Alfred Santamaria</li> <li>Name</li> <li>(2) 8181 N.W. 36 Street; Suite 21B</li> <li>Address (number and street)</li> <li>Doral, FL 33166</li> <li>City, State, Zip Code</li> <li>Check here if address has changed</li> <li>(4) Check appropriate box(es):</li> <li>X Candidate Office Sought: Mayor</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an</li> </ul> | OFFICE USE ONLY     ONILINE SUBMISSION     [1105160]     Submitted on:     5/10/2016 15:23:23 (eastern)     (3) ID Number: 1470     1470     Check here if PC or ECO has disbanded     Check here if PTY has disbanded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| individual making electioneering communications)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Check here if no other IE or EC reports will be filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Cover Period: From <u>4</u> / <u>1</u> / <u>2016</u> To                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t Identifiers       4     / 30     / 2016     Report Type: 16M04       ecial Election Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (6) Contributions This Report Cash & Checks \$,, 966.00                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (7) Expenditures This Report<br>Monetary<br>Expenditures \$,2, 779.62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Loans       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Transfers to       Office Account       Omega       Omeg |
| In-Kind \$,,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total Monetary       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (9) TOTAL Monetary Contributions To Date<br>\$, <u>31</u> , <u>187</u> . <u>66</u>                                                                                                                                                                                                                                                                                                                                                                                                                               | (10) TOTAL Monetary Expenditures To Date<br>\$,30_,93414_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, con (Type name)                                                                                                                                                                                                                                                                                                                                                                                       | (Type name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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SEE REVERSE FOR INSTRUCTIONS

| (1) Name _      | Alfred Santamaria                                                         | (2) I.D. Number1470 |                            |              |             |            |                 |  |
|-----------------|---------------------------------------------------------------------------|---------------------|----------------------------|--------------|-------------|------------|-----------------|--|
| (3) Cover Per   | 4/1/2016<br>riod///                                                       | the                 |                            | /30/2016     | (4) Pag     | <b>e</b> 1 | of <sup>2</sup> |  |
|                 | ///                                                                       |                     |                            | ''           | (+) + ag    |            | - VI            |  |
| (5)<br>Date     | (7)<br>Full Name                                                          |                     | (8)                        | (9)          | (10)        | (11)       | (12)            |  |
| (6)<br>Sequence | (Last, Suffix, First, Middle)<br>Street Address &                         |                     | ontributor                 | Contribution | In-kind     |            |                 |  |
| Number          | City, State, Zip Code                                                     | Туре                | Occupation                 | Туре         | Description | Amendment  | Amount          |  |
| 4/2/2016<br>/ / | Lubriel, Ludres<br>218 SE 14 Street, Apt 1903<br>Miami, Fl 33131          | I                   |                            | CH           |             |            | \$15.0          |  |
| 1               |                                                                           |                     |                            |              |             |            |                 |  |
| 4/2/2016<br>/ / | Whittaker, Magaly<br>100 KINGS POINT DRIVE, # 40<br>Sunny Isle, Fl 33130  | I<br>2              |                            | СН           |             |            | \$15.0          |  |
| 2               |                                                                           |                     |                            |              |             |            |                 |  |
| 4/2/2016<br>/ / | Barbosa, Carolina<br>85 E Maple Street<br>Valley Stream , NY 11580        | I                   |                            | СН           |             |            | \$30.0          |  |
| 3               |                                                                           |                     |                            |              |             |            |                 |  |
| 4/2/2016<br>/ / | De la Cruz, Ammy<br>90 East 10th Ave<br>Hialeah, Fl 33010                 | I                   |                            | СН           |             |            | \$20.0          |  |
| 4               |                                                                           | -                   |                            |              |             |            |                 |  |
| 4/2/2016<br>/ / | Ferrer, Larry<br>4721 NW 195 Terr<br>Miami Gardens, FL 33055              | I                   |                            | СН           |             |            | \$30.0          |  |
| 5               |                                                                           |                     |                            |              |             |            |                 |  |
| 4/5/2016<br>/ / | Lopez, Magalys<br>12650 SW 15 Street, Apt 111<br>Pembroke Pines, FL 33027 | I                   | teacher                    | СН           |             |            | \$100.0         |  |
| 6               |                                                                           |                     |                            |              |             |            |                 |  |
| 4/8/2016<br>/ / | Alvarez, Johana<br>15481 SW 21 TERRACE<br>Miami, Fl 33185-                |                     | supply<br>chain<br>analyst | СН           |             |            | \$50.0          |  |
| 7               |                                                                           |                     |                            |              |             |            |                 |  |
| 4/2/2016<br>/ / | YESIT J CAMPO, CPA,<br>LLC ,<br>8300 NW 53 Street<br>Suite 108            |                     | accountin<br>g<br>firm     | р СН         |             |            | \$45.0          |  |
| 8               | Doral, F 33166                                                            |                     |                            |              |             |            |                 |  |

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| (1) NameAlfred_Santamaria |                                                                                                                               |      |                                         |                                       |             |           |                   |  |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------|---------------------------------------|-------------|-----------|-------------------|--|--|
| (3) Cover Pe              | 4/1/2016<br>riod / /                                                                                                          | thr  | 4<br>ouah                               | /30/2016                              | (4) Page    | 2         | of <sup>2</sup>   |  |  |
|                           |                                                                                                                               | (rm. |                                         | · · · · · · · · · · · · · · · · · · · | (+/ i ugu   | •         |                   |  |  |
| (5)<br>Date<br>(6)        | (7)<br>Full Name<br>(Last, Suffix, First, Middle)                                                                             |      | (8)                                     | (9)                                   | (10)        | (11)      | (12)              |  |  |
| Sequence                  | Street Address &                                                                                                              |      | ontributor                              | Contribution                          | In-kind     | Amendment | A                 |  |  |
| Number<br>4/2/2016<br>/ / | City, State, Zip Code<br>Kaype Enterprise<br>Corp dba El , El<br>Punto Peruano<br>6901 SW 129TH Ave, Apt 3<br>Miami, Fl 33183 | B    | Occupation<br>food<br>truck<br>services | Туре<br>СН                            | Description | Anenanish | Amount<br>\$500.0 |  |  |
| 4/5/2016<br>/ /           | Vision Design<br>Graphics,<br>6750 NW 186TH ST #221<br>HIALEAH, FL 33015                                                      | B    | graphic<br>design                       | СН                                    |             |           | \$111.0           |  |  |
| 4/2/2016<br>/ /<br>11     | Bagnuoli, Ana Maria<br>1813 NW 74TH Way<br>PEMBROKE FINES, FL 33024                                                           | . I  | <u></u>                                 | СН                                    |             |           | \$30.0            |  |  |
| 4/2/2016<br>/ /<br>12     | CINTRON, GLORIA<br>17900 SW 141 CT<br>MIAMI, FL 33177                                                                         | I    | housewife                               | СН                                    |             |           | \$20.0            |  |  |
| 1 1                       |                                                                                                                               | •    |                                         |                                       |             |           |                   |  |  |
| 1 1                       |                                                                                                                               |      |                                         |                                       |             |           |                   |  |  |
| 1 1                       |                                                                                                                               |      |                                         |                                       |             |           |                   |  |  |
| 1 1                       | · · · · · · · · · · · · · · · · · · ·                                                                                         |      |                                         |                                       |             |           |                   |  |  |

|                      | red Santamaria<br>4/1/2016 4/3<br>d//through                             | 30/2016                                 |                     | 1470<br>1 of 2 |          |  |
|----------------------|--------------------------------------------------------------------------|-----------------------------------------|---------------------|----------------|----------|--|
| (5)<br>Date<br>(6)   | (7)<br>Full Name<br>(Last, Suffix, First, Middle)                        | (8)<br>Purpose<br>(add office sought if | (9)                 | (10)           | (11)     |  |
| Sequence<br>Number   | Street Address &<br>City, State, Zip Code                                | contribution to a candidate)            | Expenditure<br>Type | Amendment      | Amount   |  |
| 4/30/2016            | SQUARE INC,<br>1455 Market St STE 600<br>SAN FRANCISCO, CA 94103         | merchant fess                           | МО                  |                | \$5.6    |  |
| 4/30/2016            | Raise the Money, Inc.,<br>P.O. Box 26466<br>Little Rock, AR 72221        | merchant fees                           | МО                  |                | \$2.70   |  |
| 4/1/2016             | A TOUCH OF ELEGANCE PARTY<br>RENT,<br>11875 SW 49 st<br>Miami , FL 33175 | event rentals                           | МО                  |                | \$482.00 |  |
| 4/1/2016             | Zters Wastevalue,<br>13727 Office Park Drive<br>Houston, TX 77070        | portable toilet<br>for event            | МО                  |                | \$588.5( |  |
| 4/1/2016             | BUMOO.COM,<br>7243 NW 54th St<br>MIAMI, FL 33166                         | fiberbands                              | MO                  |                | \$123.04 |  |
| 4/2/2016             | Zavala, Mario<br>13220 SW 190 AVE MIAMI FL<br>MIAMI, FL 33196            | event<br>coordinator                    | МО                  |                | \$400.00 |  |
| 4/2/2016<br>///<br>7 | Bagnuoli, Ana Maria<br>1813 NW 74TH Way<br>PEMBROKE PINES, FL 33024      | over the<br>limit of<br>contributions   | RE                  |                | \$30.0   |  |
| 4/2/2016<br>8        | Cintron, GLORIA<br>17900 SW 141 CT<br>MIAMI, FL 33177                    | over the limit<br>of<br>contributions   | RE                  |                | \$20.0   |  |

|                                  | fred Santamaria<br>4/1/2016<br>od//through                                              | 4/30/2016                                                           | <ol> <li>2) I.D. Number</li> <li>4) Page2</li> </ol> |           | 2          |
|----------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------|-----------|------------|
| (5)                              | (7)                                                                                     | (8)                                                                 | (9)                                                  | (10)      | (11)       |
| (6)<br>(6)<br>Sequence<br>Number | Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | Purpose<br>(add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type                                  | Amendment | Amount     |
| 9                                | Camino Real,<br>13220 SW 190 AVE<br>MIAMI, FL 33196                                     | ranch<br>rental                                                     | МО                                                   |           | \$1,000.00 |
| 4/4/2016                         | WALGREENS,<br>9675 NW 41ST<br>DORAL, FL 33178                                           | square reader<br>and phone<br>charger                               | МО                                                   |           | \$26.7     |
| 4/7/2016                         | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                                      | bank service<br>charge                                              | МО                                                   |           | \$4.0      |
| 4/8/2016                         | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                                      | bank service<br>charge                                              | МО                                                   |           | \$3.0      |
| 4/25/2016<br>//                  | METRO PCS,<br>7930 NW 36 ST<br>MIAMI, FL 33166                                          | telephone                                                           | MO                                                   |           | \$60.0     |
| 4/29/2016                        | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                                      | bank monthly<br>fee                                                 | МО                                                   |           | \$14.0     |
| 4/19/2016                        | Miami Dade County,<br>2700 NW 87th Ave<br>miami, fl 33172                               | cd rom<br>countywide<br>registered<br>voters                        | МО                                                   |           | \$20.0     |
|                                  | -                                                                                       |                                                                     |                                                      |           |            |

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|                | CAMPAIGN TREASURE                                                                                                                                                                                                                                                                      | R'S REPORT SUMMARY                                                                                                                                                |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1)            | Alfred Santamaria                                                                                                                                                                                                                                                                      | OFFICE USE ONLY                                                                                                                                                   |
|                | Name                                                                                                                                                                                                                                                                                   | OMLINE SUBMISSION                                                                                                                                                 |
| (2)            | 3750 NW 87th Avenue; Suite 520                                                                                                                                                                                                                                                         | Submitted on:                                                                                                                                                     |
|                | Address (number and street) Doral, FL 33178                                                                                                                                                                                                                                            | 6/29/2016 16:17:26 (eastern)                                                                                                                                      |
|                | City, State, Zip Code                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
|                | Check here if address has changed                                                                                                                                                                                                                                                      | (3) ID Number: 1470                                                                                                                                               |
| (4)            | Check appropriate box(es):                                                                                                                                                                                                                                                             |                                                                                                                                                                   |
|                | <ul> <li>Candidate Office Sought: Mayor</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul> | <ul> <li>Check here if PC or ECO has disbanded</li> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul> |
|                | (5) Report                                                                                                                                                                                                                                                                             | l Identifiers                                                                                                                                                     |
| Cove           | er Period: From 6 / 1 / 2016 To                                                                                                                                                                                                                                                        | 6 / 24 / 2016 <b>Report Type:</b> 16P1                                                                                                                            |
| <u>x</u> 0     | riginal                                                                                                                                                                                                                                                                                | ecial Election Report                                                                                                                                             |
| 6)             | Contributions This Report                                                                                                                                                                                                                                                              | (7) Expenditures This Report                                                                                                                                      |
| Cash           | n & Checks \$, 3, 495.00                                                                                                                                                                                                                                                               | Monetary           Expenditures         \$                                                                                                                        |
| .oan           |                                                                                                                                                                                                                                                                                        | Transfers to           Office Account         \$                                                                                                                  |
| Γotal<br>n-Kii | I Monetary     \$,     3,495.00       nd     \$,     0.00                                                                                                                                                                                                                              | Total Monetary \$,, <u>1</u> , <u>182</u> .32                                                                                                                     |
|                |                                                                                                                                                                                                                                                                                        | (8) Other Distributions<br>\$,,000                                                                                                                                |
| 9)             | <b>TOTAL Monetary Contributions To Date</b> \$                                                                                                                                                                                                                                         | (10) TOTAL Monetary Expenditures To Date<br>\$,34_,77351_                                                                                                         |
|                | It is a first degree misdemeanor for any pers                                                                                                                                                                                                                                          | tification<br>son to falsify a public record (ss. 839.13, F.S.)                                                                                                   |
| I C            | ertify that I have examined this report and it is true, corr                                                                                                                                                                                                                           |                                                                                                                                                                   |
|                | /pe name)<br>Individual (only for IE Treasurer Deputy Treasurer<br>electioneering comm.)                                                                                                                                                                                               | (Type name)                                                                                                                                                       |
| х              |                                                                                                                                                                                                                                                                                        | x                                                                                                                                                                 |
| 4              | gnature                                                                                                                                                                                                                                                                                | Signature                                                                                                                                                         |

| (1) NameAlfred_Santamaria                                             |                                                                                    |           | (2) I.D. Number1470         |              |             |           |           |  |  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------|-----------------------------|--------------|-------------|-----------|-----------|--|--|
| 6/1/2016                                                              |                                                                                    |           |                             |              |             |           |           |  |  |
| (3) Cover Per                                                         | iod / /                                                                            | thr       | ougn                        | / /          | (4) Page    | •         | of        |  |  |
| (5) (7)<br><u>Date</u> Full Name<br>(6) (Last, Suffix, First, Middle) |                                                                                    |           | (8)                         | (9)          | (10)        | (11)      | (12)      |  |  |
| Sequence                                                              | Street Address &                                                                   | с         | ontributor                  | Contribution | In-kind     |           |           |  |  |
| Number                                                                | City, State, Zip Code                                                              | Туре      | Occupation                  | Туре         | Description | Amendment | Amount    |  |  |
| 6/10/2016<br>/ /                                                      | Shefer Law Firm PA<br>, Maria<br>20801 Biscayne Blvd, Ste 30<br>AVENTURA, FL 33180 |           | lawyers                     | СН           |             |           | \$300.00  |  |  |
| 6/14/2016<br>/ /                                                      | All Around Home<br>Health Agency,<br>275 Fountainebleau Blvd, 4<br>MIAMI, FL 33172 | B<br>120  | home<br>health<br>agency    | СН           |             |           | \$200.00  |  |  |
| 6/14/2016<br>/ /<br>3                                                 | Olivo, Mario<br>7655 NW 42nd Place, Apt 166<br>SUNRISE, FL 33351                   | I<br>I    | medical<br>admin<br>support | СН           |             |           | \$100.0   |  |  |
| 6/17/2016<br>/ /                                                      | Escobar, Erwin<br>Mauricio<br>140 SE 22 Terrace<br>HOMESTEAD, F1 33033             | I         | high<br>school<br>teacher   | СН           |             |           | \$800.0   |  |  |
| 6/17/2016<br>/ /<br>5                                                 | Lopez, Maria del<br>Carmen<br>810 Coral Ridge Dr. Apt 2<br>Coral Springs, fl 33071 | I<br>201, | plan<br>administra<br>tor   | СН           |             |           | \$1,000.0 |  |  |
| 6/17/2016<br>/ /                                                      | Leyva, Sergio<br>Alberto<br>8275 NW 74 Street<br>Medley, fl 33166                  | I         | business<br>owner           | СН           |             |           | \$250.0   |  |  |
| 6/17/2016<br>/ /<br>7                                                 | Alvarez, Johana<br>15481 SW 21 TERRACE<br>Miami, Fl 33185                          | I         | supply<br>chain<br>analyst  | СН           |             |           | \$50.0    |  |  |
| 6/17/2016<br>/ /                                                      | Angel Condom, PA ,<br>3650 NW 82 Ave Suite 308,<br>Doral, fl 33166                 | В         | real<br>estate<br>paralegal | СН           |             |           | \$500.0   |  |  |

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| (1) Name _         | Alfred Santamaria                                           | (2) I.D. Number1470 |                        |              |             |           |         |  |
|--------------------|-------------------------------------------------------------|---------------------|------------------------|--------------|-------------|-----------|---------|--|
| (3) Cover Pe       | 6/1/2016<br>riod//                                          | thre                | 6<br>6                 | /24/2016     | (4) Pag     | e         | of _2   |  |
| (5)<br>Date<br>(6) | (7)<br>Full Name<br>(Last, Suffix, First, Middle)           |                     | (8)                    | (9)          | (10)        | (11)      | (12)    |  |
| Sequence           | Street Address &                                            | C                   | ontributor             | Contribution | In-kind     |           |         |  |
| Number             | City, State, Zip Code                                       | Туре                | Occupation             | Туре         | Description | Amendment | Amount  |  |
| 6/17/2016<br>/ /   | Montalvan, Vilma<br>6461 SW 43RD Street<br>miami, fl 33155  | I                   |                        | СН           |             |           | \$25.0  |  |
| 9                  |                                                             |                     |                        |              |             |           |         |  |
| 6/17/2016<br>/ /   | De Jesus, Alberta<br>16701 SW 280 ST<br>HOMESTEAD, F1 33031 | I                   | -                      | СН           |             |           | \$10.0  |  |
| 10                 |                                                             |                     |                        |              |             |           |         |  |
| 6/17/2016<br>/ /   | Posso, Carolina<br>1558 Zenith Way<br>WESTON, FL 33327      |                     | industrial<br>engineer | СН           |             |           | \$260.0 |  |
| 11                 |                                                             |                     |                        |              | ,           |           |         |  |
| 1 1                | _                                                           |                     |                        |              |             |           |         |  |
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| · · · · · · · · · · · · · · · · · · · | red Santamaria<br>6/1/2016 6                                               | /24/2016                                                 | 2) I.D. Number       | r1        |         |  |
|---------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|----------------------|-----------|---------|--|
| (3) Cover Perio                       | od/ /through                                                               | (*                                                       | (4) Page <u>1</u> of |           | 1       |  |
| (5)<br>Date                           | (7)<br>Full Name                                                           | (8)<br>Purpose                                           | (9)                  | (10)      | (11)    |  |
| (6)<br>Sequence<br>Number             | (Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type  | Amendment | Amount  |  |
| 6/2/2016                              | RIzzi, Angela<br>101 Crandon Blvd 246<br>Key Biscayne, fl 33149            | event<br>coordinator                                     | MO                   |           | \$500.0 |  |
| 1<br>6/8/2016<br>2                    | ROZO, DARLING<br>1421 SW 107 Ave, #415<br>MIAMI, F1 33174-                 | treasure<br>service                                      | МО                   |           | \$220.0 |  |
| 6/8/2016                              | Wells Fargo,<br>P.O BOX 6995<br>PORTLAND, OR 97228                         | bank charges                                             | МО                   |           | \$38.C  |  |
| 6/6/2016                              | CASA VIEJA RESTAURANT,<br>8872 SW 24th ST<br>Miami, Fl 33165               | lunch<br>meeting                                         | МО                   |           | \$250.C |  |
| 6/21/2016<br>//                       | The Home Depot,<br>11305 SW 40TH ST<br>MIAMI, FL 33165                     | copy of office<br>keys                                   | МО                   |           | \$24.9  |  |
| 6/22/2016                             | Comcast,<br>12641 Corporate Lakes Dr<br>Fort Myers, FL 33913               | office internet                                          | МО                   |           | \$142.2 |  |
| 6/24/2016<br>//                       | SQUARE INC,<br>1455 Market St STE 600<br>SAN FRANCISCO, Ca 94103           | merchant<br>charges                                      | МО                   |           | \$7.:   |  |
|                                       |                                                                            |                                                          |                      |           |         |  |

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YXM P Brickell World Plaza 600 Brickell Avenue, Suite 1715 Miami, Florida 33131

Florida Elections Commission 107 West Gaines Street Suite 224 Tallahassee, Florida 32399

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