

CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED

OFFICE USE ONLY
OFFICE OF THE CITY CLERK

(1) Elmo Urra
Name

(2) 9924 NW 130 Street
Address (number and street)

Hialeah Gardens, FL 33018
City, State, Zip Code

Check here if address has changed

DATE: 2/1/2022

SIGNATURE: [Signature]

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Hialeah Gardens Council Group IV

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 06 / 2022 To 01 / 31 / 2022 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 200.00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 200.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(Type name)

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

X
Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

ELMO URRRA
X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Elmo Urra

(2) I.D. Number _____

(3) Cover Period 12 / 06 / 2021 through 01 / 31 / 2021

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
12 / 06 / 2021	City of Hialeah Gardens 10001 NW 87 Avenue Hialeah Gardens, FL 33016	Qualifying Fee Assessment Fee			
1			CAN		185.60
12 / 06 / 2021	Elmo Urra 9924 NW 130 Street Hialeah Gardens, FL 33018	Reimbursement			
			RMB		14.40

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Elmo Urra (2) I.D. Number _____

(3) Cover Period 12 / 06 / 2021 through 01 / 31 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
12 / 06 / 2021	Elmo Urra 9924 NW 130 Street Hialeah Gardens, FL 33018	CTS	Auto Tints	CHE			200.00
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