

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

(1) TEO RAVELO

Name

(2) 1100 NE 134TH ST.

Address (number and street)

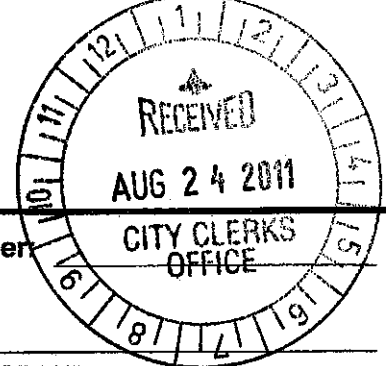
NORTH MIAMI, FL 33161

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number

OFFICE USE ONLY



(4) Check appropriate box(es):

Candidate (office sought): CITY CLERK

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 5/20/11 To 5/31/11 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 39.14

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 39.14

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_

(10) TOTAL Monetary Expenditures To Date

\$ To close Acct per Bank STATEMENT ATTACHED

**(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) TEO RAVELO

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**

Signature

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

(Type name)

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

**X**

Signature