RECEIVED

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT, SUMMARY 12: 19							
, , ,	OFFICE USE ONLY						
(1) Marta Perez	MIAMI-DADE						
Candidate, Committee or Party Name (2) 1208	EL ECTIONS						
(2) 1208 HGUICA NUC Address (number and street)							
CORAL GABLES, F	<u>(. </u>						
City, State, Zip Code							
Check box if address has changed	3) ID Number:						
(4) Check appropriate box(es): \[\sum \text{Candidate (office sought):} \sum \text{Check } \begin{array}{c} \begin{array}{c							
 ☐ Candidate (office sought):	Check if PC has DISBANDED						
Committee of Continuous Existence	Check if CCE has DISBANDED						
Party Executive Committee							
(5) REPORT IDENTIFIERS							
Cover Period: From 7 / 1 / 05 To 9 / 30 / 05 Report Type 03							
Original Amendment Special Election							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$,	Monetary Expenditures \$,,						
Loans \$,	Transfers to Office Account \$, 5						
Total Manatama \$ 055 76							
Total Monetary \$	Total S & Monetary \$						
In-Kind \$, ,							
	(8) Other Distributions						
<i>O</i>	\$, , 						
(9) TOTAL Monetary Contributions To Date \$, 21 , 450, 60	(10) TOTAL Monetary Expenditures To Date						
(11) CERTIFICATION							
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, correct and complete.	I certify that I have examined this report and it is true, correct and complete.						
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman						
$\mathcal{N} = \mathcal{A} \qquad \qquad \mathcal{N} = \mathcal{A} \qquad \mathcal{N} = \mathcal{N} \qquad \mathcal{N} = \mathcal{N} \qquad \mathcal{N} = \mathcal{N} \qquad \mathcal{N} \qquad \mathcal{N} \qquad \mathcal{N} = \mathcal{N} \qquad $							
Signature X Marta lee							
Signature	Signature						

DS-DE 12 (Rev. 08/03)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Parta Ker	er		(2) I.D. Numb	er	
(3) Cover Peri	od 7 1 1 1 C	55 through 9	1301	(4) Pag	ge/_	of/_
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
9,10,05	City, State, Zip Code FRESNEN, MAGDALEN, G118 MILLER MIAMI, FL. 3= FRESNEN, MAGDALENA G118 MILLER DA MIAMI, FL.	V. P.	CHECK		ADD	500.00
9,10 05	FRESNEN, MAGDACENA	, ADMIN	CHECK		DELETE	500.0
9	MIAMI, FL.					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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