

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

OFFICE USE ONLY

RECEIVED  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT  
2004 OCT -6 PM 12:46

(1) Lasoff, Dr Edward M.  
Candidate, Committee or Party Name  
(2) 11112 SW 128 Pl  
Address (number and street)  
Miami, FL 33186  
City, State, Zip Code

Check box if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): School Board District 7  
 Political Committee  Check if PC has DISBANDED  
 Committee of Continuous Existence  Check if CCE has DISBANDED  
 Party Executive Committee

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 27 / 04 To 09 / 29 / 04 Report Type Candidate RF  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT  
Cash & Checks \$ \_\_\_\_\_  
Loans \$ \_\_\_\_\_  
Total Monetary \$ \_\_\_\_\_ 00 00  
in-Kind \$ \_\_\_\_\_

(7) EXPENDITURES THIS REPORT  
Monetary Expenditures \$ \_\_\_\_\_ 1 880 02  
Transfers to Office Account \$ \_\_\_\_\_  
Total Monetary \$ \_\_\_\_\_ 1 880 02

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

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_ 3 862 00

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_ 3 862 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.

Name of  Treasurer  Deputy Treasurer

X [Signature]  
Signature

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

Name of  Candidate  Chairman  
(PC/PTY Only)

X Edward Lasoff  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Lasoff, Dr. Edward M. (2) I.D. Number \_\_\_\_\_

(3) Cover Period 08 / 27 / 04 through 09 / 29 / 04 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type			
/ /	NONE						
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Lasoff, Dr. Edward M.

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 08 / 27 / 04 through 09 / 29 / 04

(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					
8 / 16 / 04 1	Beth Wellington 7000 SW 114 Ave Miami, Fl.	Printer supplies	MON		53.41
8 / 17 / 04 2	Publix Miami, Fl.	Thank you gift	MON		50.00
8 / 08 / 04 3	Publix Miami, Fl.	Thank you gift	MON		25.00
9 / 9 / 04 4	Kendall Country Flowers & Gifts Miami, Fl.	Thank you gift	MON		37.45
8 / 31 / 04 5	Suntrust Miami, Fl.	Bank Service Charge	MON		16.00
9 / 27 / 04 6	Suntrust Miami, Fl.	Bank Service Charge	MON		12.45
9 / 27 / 04 7	Edward Lasoff 11112 SW 128 Pl Miami, Fl. 33186	Loan Repayment	MON		1,685.71
/ /					

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