

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

(1) No to Discrimination Committee
Name
 (2) 4500 Biscayne Blvd. Ste. 340
Address (number and street)
Miami, FL 33137
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1013983]

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 190

(4) **Check appropriate box(es):**
 Candidate (office sought): _____
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee
 Electioneering Communication **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 2/28/2009 To 3/19/2009 / Report Type 09 F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 3,393.99

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 0.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(11) CERTIFICATION

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

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name No to Discrimination Committee

(2) I.D. Number 190

(3) Cover Period 2/28/2009 through 3/19/2009

(4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – CONTRIBUTOR SUMMARY

Covers all contributions for this election cycle through 2009-03-30 15:52:48

Name No to Discrimination Committee

I.D. Number

190

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Name/Address	Date	Contributor Type	Occupation	Contribution Type	In-Kind Description	Amendment	Amount
ACLU Foundation of Florida, 4500 Biscayne Blvd. Suite 340 Miami, FL 33137	2/27/2009	I	not-for-profit civil lib	IK	staff time and travel expenses		\$4,590.12
Contributor Subtotal							----- \$4,590.12
ACLU of Florida, 4500 Biscayne Blvd. Suite 340 Miami, FL 33137	3/20/2009	B	non-profit civil liberti	IK	staff time		\$3,393.99
Contributor Subtotal							----- \$3,393.99
LAST PAGE							