FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Citizens for Broward's Children, Inc. Name	OFFICE USE ONLY				
(2) 6805 West Commercial Boulevard Box 291					
Address (number and street)					
Tamarac, FL 33319					
City, State, Zip Code					
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 00000				
(4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED					
<ul><li>Committee of Continuous Existence</li><li>Party Executive Committee</li></ul>	_ CHECK IF CCE HAS DISBANDED				
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
(5) REPORT	IDENTIFIERS				
	7 / <u>31 / 2014</u> Report Type <u>P5</u>				
	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary Expenditures \$ 5.00				
Loans \$ 0.00	Transfers to Office Account \$ 0.00				
Total Monetary \$ 0.00	Total Monetary \$ 5.00				
In-Kind \$	5.00				
	(8) Other Distributions				
	\$				
(9) TOTAL Monetary Contributions To Date \$ 78,985.00	(10) TOTAL Monetary Expenditures To Date \$ 13,734.83				
(11) CERT	IFICATION				
It is a first degree misdemeanor for any pers					
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.				
(Type name)	(Type name)				
☐ Individual (only for electioneering commun.)  ☐ Treasurer ☐ Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)				
X	X				
Signature	Signature CFID: 5824				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Citizens for Broward's Children, Inc.	(2) I.D. Number _	00000	_
(3) Cover Period _	7 / 25 / 2014 through 7 / 31 / 2014	(4) Page1	of1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7 / 31 / 14	Wells Fargo 350 E. Las Olas Blvd., Suite 100 Fort Lauderdale, FL 33301	Bank Service Charge	MON		\$5.00
1					
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DS-DE 14 (7/98)	SEE REVERSE FOR IN	ISTRUCTIONS AND CODE	VALUES		