

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

(1) Citizens for Clarity

**Name**

(2) P.O. Box 941483

**Address (number and street)**

Miami, FL 33194

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

☐ Candidate (office sought): \_\_\_\_\_

☒ 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**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**

[1050301]

Submitted on:

11/13/2012 22:28:40 (eastern)

(3) ID Number: 1005

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/13/2012 To 11/1/2012 / Report Type G4-12

☐ 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 \$ 0.00

**(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**

\$ 353,733.00

(10) **TOTAL Monetary Expenditures To Date**

\$ 352,233.00

**(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.

(Type name)

☐ 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

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Citizens for Clarity **(2) I.D. Number** 1005  
**(3) Cover Period** 10/13/2012 through 11/1/2012 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/1/2012 / /	BORIA, LUIGI 4671 NW 93 DORAL COURT DORAL, FL 33178	I	sales	CH		Delete	\$1,500.00
1							
11/1/2012 / /	BORIA, LUIGI 4671 NW 93 DORAL COURT DORAL, FL 33178	I	import - export	CH		Add	\$1,500.00
2							
11/1/2012 / /	BORIA, LUIGI 4671 NW 93 DORAL COURT DORAL, FL 33178	I	sales	CH		Delete	\$23,600.00
3							
11/1/2012 / /	BORIA, LUIGI 4671 NW 93 DORAL COURT DORAL, FL 33178	I	import - export	CH		Add	\$23,600.00
4							
/ /							
/ /							
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# **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Citizens for Clarity

(2) I.D. Number 1005

(3) Cover Period 10/13/2012 through 11/1/2012

(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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