| FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURER | | | | | | | |
|---|---|--|--|--|--|--|--|
| (1) _Citizens for Clarity | OFFICE USE ONLY | | | | | | |
| Name (2) P.O. Box 941483 | ONLINE SUBMISSION [1030331] | | | | | | |
| Address (number and street) | Submitted on: | | | | | | |
| Miami, FL 33194 | 8/26/2011 16:31:56 (eastern) | | | | | | |
| City, State, Zip Code | <u></u> | | | | | | |
| CHECK IF ADDRESS HAS CHANGED | (3) ID Number:1005 | | | | | | |
| (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED | | | | | | | |
| (5) REPORT I | CONTRACTOR IN THE PARTY OF THE | | | | | | |
| Cover Period: From | 6/23/2011 / Report Type SG2 | | | | | | |
| ☐ Original ☐ Amendment ☐ Special Election | Report Independent Expenditure Report | | | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | | | |
| Cash & Checks \$ | Monetary Expenditures \$ 0.00 | | | | | | |
| Loans \$ | Transfers to Office Account \$ 0.00 | | | | | | |
| Total Monetary \$ | Total Monetary \$ 0.00 | | | | | | |
| In-Kind \$ | | | | | | | |
| | (8) Other Distributions \$0.00 | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$146,150.00_ | (10) TOTAL Monetary Expenditures To Date \$ | | | | | | |
| (11) CERTI | | | | | | | |
| It is a first degree misdemeanor for any personal cortify that I have examined this report and it is true | | | | | | | |
| 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 Treasurer Deputy Treasurer electioneering commun.) | Candidate Chairperson (only for PC, PTY & electioneering commun. organization) | | | | | | |
| X | X | | | | | | |
| Signature | Signature | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Citizens for | Clarity | | | | 1005 | | |
|-----------------|--------------|---------|---------|-----------|----------|------|-----------------|--|
| | 6/4/2011 | | | 6/23/2011 | | | | |
| (3) Cover Perio | d / | 1 | through | 1 1 | (4) Page | 1 | of ² | |

| (5) Date | (7) Full Name | (8) Contributor Type Occupation | | (9) | (10) | (11) Amendment | (12) |
|---------------------------|--|-----------------------------------|-----------|----------------------|------------------------|----------------|------------|
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | | | Contribution Type | In-kind Description | | Amount |
| 6/6/2011 | CITIZENS TO RECLAIN MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | I C | | СН | | Delete | \$15,000.0 |
| 6/6/2011 | CITIZENS TO RECLAIN MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | 1 C | committee | СН | | Add | \$15,000.0 |
| 6/13/2011 | CITIZENS TO RECLAIN MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | 1 C | | СН | | Delete | \$9,000. |
| 6/13/2011 | CITIZENS TO RECLAIM MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | I C | committee | СН | | Add | \$9,000. |
| 6/16/2011 | CITIZENS TO RECLAIN MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | 1 C | | СН | | Delete | \$31,500. |
| 6/16/2011 | CITIZENS TO RECLAIN MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | 1 C | committee | СН | | Add | \$31,500. |
| 6/23/2011 / | CITIZENS TO RECLAIN MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | 1 C | | СН | | Delete | \$74,500. |
| 6/23/2011 | CITIZENS TO RECLAIN MIAMI DADE, 610 SOUTH BLVD TAMPA, FL 33606 | I C | committee | СН | | Add | \$74,500. |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Citizens for Clari | ty | | | (2) I.D. Number | | | |
|------------------|--|------|-------------------------------|--------------|-----------------|-----------|-----------|--|
| | 6/4/2011 | | 6 | /23/2011 | | | | |
| (3) Cover Peri | od// | thro | ough | <i>I I</i> | (4) Pag | e | of | |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) | |
| (6) Sequence | (Last, Suffix, First, Middle) Street Address & | | ontributor | Contribution | In-kind | | | |
| Number | City, State, Zip Code | Туре | A CONTRACTOR OF THE PROPERTY. | Туре | Description | Amendment | Amount | |
| 6/19/2011 | UNITED FACULTY OF MDC, 11420 NORTH KENDALL DRIVE SUITE 107 | 0 | Сосираноп | IK | auto calls | Delete | \$4,095.2 | |
| 9 | MIAMI, FL 33176 | | | | | | | |
| 6/19/2011 / / | UNITED FACULTY OF MDC, 11420 NORTH KENDALL DRIVE SUITE 107 | 0 | committee | IK | auto calls . | Add | \$4,095.2 | |
| 10 | MIAMI, FL 33176 | | | | | | | |
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| (1) Name <u>Citi</u> | zens for | Clari | ASURER | | PORT – ITE | | EXPENDIT I.D. Number | | 1005 |
|---------------------------|----------|-----------------------|---------------------------------------|------|--|--------------------|-------------------------|-----------|--------|
| (0) O D | 6/4/201 | .1 | <i>(</i> 1 | 6/23 | /2011 | 9.3 | | | 0 |
| (3) Cover Period | | _/ | tnrougn_ | | | . (4 |) Page1 | or _ | 0 |
| (5) Date | | (7 Full N | | | (8) Purpos | se . | (9) | (10) | (11) |
| (6) Sequence Number | S | Suffix, I treet Ad | First, Middle) dress & Zip Code | | (add office so contributio candida | ought if n to a | Expenditure Type | Amendment | Amount |
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