

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

(1) Get It Done  
**Name**  
 (2) 2121 SW 13th Ave  
**Address (number and street)**  
Miami, FL 33145  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1043496]  
 Submitted on:  
 8/16/2012 10:56:12 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 1058

(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 4/1/2012 / 7/6/2012 / To 7/6/2012 / \_\_\_\_\_ / Report Type F1-12

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**  
 \$ 414,580.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 380,584.50

**(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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Get It Done (2) I.D. Number 1058

4/1/2012 through 7/6/2012

(3) Cover Period    /    /    through    /    /    (4) Page 1 of 0

(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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Get It Done

(2) I.D. Number 1058

(3) Cover Period 4/1/2012 through 7/6/2012

(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					
5/2/2012 //	CODY, STEPHEN	consulting	MO	Delete	\$875.00
1					
5/2/2012 //	CODY, STEPHEN 16610 S.W. 82 Court Palmetto Bay, FL 33157	consulting	MO	Add	\$875.00
2					
5/25/2012 //	VOLTAIREP, NELSON	services	MO	Delete	\$3,000.00
3					
5/25/2012 //	VOLTAIREP, NELSON 5932 NE 2nd Ave Miami, FL 33137	food services	MO	Add	\$3,000.00
4					
6/12/2012 //	MARIELA MONTES,	voice over	MO	Delete	\$250.00
5					
6/12/2012 //	MARIELA MONTES, 330 SW 27th Avenue Miami, FL 33135	voice over	MO	Add	\$250.00
6					
6/19/2012 //	G & R STRATEGIES, 9363 FOUNTAINEBLEAU BLVD MIAMI, FL 33172	reimbursement	MO	Delete	\$1,124.00
7					
6/19/2012 //	G & R STRATEGIES, 9363 FOUNTAINEBLEAU BLVD MIAMI, FL 33172	home depot-reimburse ment	MO	Add	\$1,124.00
8					