

**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**  
[1044183]  
Submitted on:  
9/10/2012 10:56:54 (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 7/21/2012 To 8/9/2012 / Report Type F3-12  
 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

7/21/2012 through 8/9/2012

(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 7/21/2012 through 8/9/2012

(4) Page 1 of 2

(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					
7/24/2012 //	ESCARSA, RICARDO	worker	MO	Delete	\$800.00
1					
7/24/2012 //	ESCARSA, RICARDO P.O. BOX 4351 MIAMI, FL 33245	worker	MO	Add	\$800.00
2					
7/25/2012 //	SILVA, MARIA	worker	MO	Delete	\$600.00
3					
7/25/2012 //	SILVA, MARIA 2121 SW 13 AVE MIAMI, FL 33145	worker	MO	Add	\$600.00
4					
7/25/2012 //	PIKLIZ.COM,	advertising	MO	Delete	\$250.00
5					
7/25/2012 //	PIKLIZ.COM, 10525 SW 130 CT MIAMI, FL 33186	advertising	MO	Add	\$250.00
6					
8/7/2012 //	RUIZ, ERIKA	worker	MO	Delete	\$600.00
7					
8/7/2012 //	RUIZ, ERIKA 5397 NW 105 CT MIAMI, FL 33178	worker	MO	Add	\$600.00
8					

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

(1) Name Get It Done

(2) I.D. Number 1058

(3) Cover Period 7/21/2012 through 8/9/2012

(4) Page 2 of 2

(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					
8/9/2012 / /	ESCARSA, RICARDO	worker	MO	Delete	\$800.00
9					
8/9/2012 / /	ESCARSA, RICARDO P.O. BOX 4351 MIAMI, FL 33245	worker	MO	Add	\$800.00
10					
/ /					
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