

**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
[1033219]
Submitted on:
2/8/2012 15:45:28 (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 10/1/2011 To 12/31/2011 Report Type Q4-11
 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
 \$ 57,750.00

(10) TOTAL Monetary Expenditures To Date
 \$ 1,394.48

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

(1) Name Get It Done (2) I.D. Number 1058
 10/1/2011 through 12/31/2011
 (3) Cover Period / / through / / (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
(6) Sequence Number						
11/11/2011 / /	PONS, JESUS F 521 GERONA AVE CORAL GABLES, FL 33146	I business owner	CH		Delete	\$5,000.00
1						
11/11/2011 / /	PONS, JESUS F 521 GERONA AVE CORAL GABLES, FL 33146	I consultant	CH		Add	\$5,000.00
2						
12/8/2011 / /	WILLIAMS, RICHARD NEIL PO BOX 107 GULF HAMMOCK, FL 32639	I business owner	CH		Delete	\$250.00
3						
12/8/2011 / /	WILLIAMS, RICHARD NEIL PO BOX 107 GULF HAMMOCK, FL 32639	I consultant	CH		Add	\$250.00
4						
12/14/2011 / /	FONTE, JOSE MIGUEL 4061 WEST 7TH LANE HIALEAH, FL 33012	I business owner	CH		Delete	\$500.00
5						
12/14/2011 / /	FONTE, JOSE MIGUEL 4061 WEST 7TH LANE HIALEAH, FL 33012	I director	CH		Add	\$500.00
6						
12/28/2011 / /	STILLER, DONALD B 3201 NW 28TH WAY BOCA RATON, FL 33434	I business owner	CH		Delete	\$5,000.00
7						
12/28/2011 / /	STILLER, DONALD B 3201 NW 28TH WAY BOCA RATON, FL 33434	I ceo	CH		Add	\$5,000.00
8						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Get It Done

(2) I.D. Number 1058

(3) Cover Period 10/1/2011 through 12/31/2011

(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
(6) Sequence Number					
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