

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

(1) (PAC) Miami Lakes Voters for Good Government
Name
 (2) 9485 Sunset Drive
Address (number and street)
 Miami, FL 33173
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1057116]
 Submitted on:
 11/22/2013 14:21:10 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1109

(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 \$ -3,000.00
 Loans \$ 0.00
 Total Monetary \$ -3,000.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3,000.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 3,000.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 60,000.00

(10) TOTAL Monetary Expenditures To Date
 \$ 61,729.71

(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 _____ (PAC) Miami Lakes Voters for Good Government PAC **(2) I.D. Number** _____ 1109
 7/21/2012 through 8/9/2012
(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		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
7/29/2012 / / 1	de la Portilla, Renier Diaz P.O. Box #348190 Coral Gables, FL 32334	I	attorney	CH		Delete	\$3,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name (PAC) Miami Lakes Voters for Good Government PAC (2) I.D. Number 1109
 7/21/2012 through 8/9/2012
 (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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
7/29/2012 //	de la Portilla, Renier Diaz P.O. Box #348190 Coral Gables, FL 32334	contribution	MO	Add	\$3,000.00
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