

**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
 [1057118]
 Submitted on:
 11/22/2013 15:36:27 (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 7/1/2013 To 9/30/2013 / Report Type Q3-13

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 \$ -600.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ -600.00

(8) Other Distributions
 \$ 0.00

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

(10) TOTAL Monetary Expenditures To Date
 \$ 61,741.71

(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 _____

7/1/2013 through 9/30/2013

(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 (PAC) Miami Lakes Voters for Good Government PAC (2) I.D. Number 1109
 7/1/2013 9/30/2013
 (3) Cover Period 7/1/2013 through 9/30/2013 (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					
7/31/2013 / /	Children in Action, Office of the Mayor 6601 Main Street Miami Lakes, FL 33014	charity donation	MO	Delete	\$300.00
1					
7/31/2013 / /	Children in Action, Office of the Mayor 6601 Main Street Miami Lakes, FL 33014	gift of money	MO	Delete	\$300.00
2					
/ /					
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