

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

(1) Parents For Better Education
Name
 (2) 10051 SW 15th Terr
Address (number and street)
Miami, FL 33174
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1048372]
 Submitted on:
 10/29/2012 20:35:19 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1113

(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 10/13/2012 To 11/1/2012 Report Type G4-12
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 5,554.00
 Loans \$ 0.00
 Total Monetary \$ 5,554.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 5,554.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 5,554.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 23,029.00

(10) TOTAL Monetary Expenditures To Date
 \$ 23,084.00

(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 Parents For Better Education (2) I.D. Number 1113

10/13/2012 through 11/1/2012

(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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/24/2012 / /	Mobile Chiropractic, Inc, 13865 South Dixie Hwy miami, fl 33176	B	chiropract or	CH			\$5,554.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Parents For Better Education

(2) I.D. Number 1113

(3) Cover Period 10/13/2012 through 11/1/2012

(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
10/30/2012 / /	Dark Horse Strategies, 3663 SW 8th Street, Suite 204B miami, fl 33122	mailer	MO		\$5,554.00
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