

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

(1) The Voter Action Group
Name
 (2) 1111 Park Center Blvd.
Address (number and street)
Miami, FL 33169
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1039781]
 Submitted on:
 7/24/2012 12:12:31 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1118

(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 4/1/2012 / 7/6/2012 / To 7/6/2012 / _____ / Report Type F1-12

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 7,000.00

Loans \$ 0.00

Total Monetary \$ 7,000.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 400.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 400.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 7,000.00

(10) TOTAL Monetary Expenditures To Date
 \$ 400.00

(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>
--	--

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name The Voter Action Group

(2) I.D. Number 1118

(3) Cover Period 4/1/2012 through 7/6/2012

(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
(6) Sequence Number					
6/20/2012 / /	Board of County Commissioners, Willis P 2700 nw 87th ave miami, FL 33172	data, maps	MO		\$400.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					