

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

(1) (ECO) Citizens for A Safer Miami Dade
Name
 (2) 11470 SW 50 Terrace
Address (number and street)
Miami, FL 33165
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1055363]
 Submitted on:
 7/10/2013 15:27:20 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1214

(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 **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2013 To 6/30/2013 / Report Type Q2-13
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>383.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>383.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 56,475.00

(10) TOTAL Monetary Expenditures To Date
 \$ 50,575.00

(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 _____ (ECO) Citizens for A Safer Miami Dade _____ **(2) I.D. Number** _____ 1214 _____

4/1/2013 6/30/2013

(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 (ECO) Citizens for A Safer Miami Dade

(2) I.D. Number 1214

(3) Cover Period 4/1/2013 through 6/30/2013

(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
5/17/2013 //	Goldstein Schechter Koch, 2121 Ponce De Leon Blvd., 11th Fl Coral Gables, FL 33134	accounting	MO		\$383.00
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