

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

(1) (PAC) Citizens For A Healthy Miami-Dade  
**Name**  
 (2) c/o Morrison, Brown, Argiz & Farra, LLC  
**Address (number and street)**  
 Miami, FL 33131  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1056436]  
 Submitted on:  
 10/25/2013 15:34:31 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 1258

(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 10/1/2013 To 10/11/2013 Report Type NS1-1  
 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 \$ 0.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 0.00

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1,800,705.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 1,040,250.62

**(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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** \_\_\_\_\_ (PAC) Citizens For A Healthy Miami-Dade **(2) I.D. Number** \_\_\_\_\_ 1258 \_\_\_\_\_

10/1/2013 through 10/11/2013

**(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) Citizens For A Healthy Miami-Dade

(2) I.D. Number 1258

(3) Cover Period 10/1/2013 through 10/11/2013

(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					
10/9/2013 / /	Marin & Sons, 16155 SW 117th Avenue Suite B-21 Miami, FL 33177	reimbursement	MO	Delete	\$2,053.00
1					
10/9/2013 / /	Marin & Sons, 16155 SW 117th Avenue Suite B-21 Miami, FL 33177	travel expense reimbursement	MO	Add	\$2,053.00
2					
/ /					
/ /					
/ /					
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