CAMPAIGN TREASURER'S REPORT SUMMARY

(1)   (PAC) Community Advocates for Libraries in Miami (CALM

Name

(2)   P.O. Box 557832

Address (number and street)

Miami, FL 33255

City, State, Zip Code

☐ **Check here if address has changed**

(3)   ID Number: _____ 1287

(4)   Check appropriate box(es):

☐ Candidate   Office Sought: _____

☒ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)   ☐ **Check here if PC or ECO has disbanded**

☐ Party Executive Committee (PTY)   ☐ **Check here if PTY has disbanded**

☐ Independent Expenditure (IE) (also covers an   ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From **8** / **30** / **2014**   To **9** / **12** / **2014**   Report Type: **14G2**

☒ Original   ☐ Amendment   ☐ Special Election Report

(6) **Contributions This Report**	(7) **Expenditures This Report**
Cash & Checks $ ___ , ___ , 0 . 00	Monetary Expenditures $ ___ , ___ , 40 . 00
Loans $ ___ , ___ , 0 . 00	Transfers to Office Account $ ___ , ___ , 0 . 00
Total Monetary $ ___ , ___ , 0 . 00	Total Monetary $ ___ , ___ , 40 . 00
In-Kind $ ___ , ___ , 0 . 00	(8) **Other Distributions** $ ___ , ___ , 0 . 00

(9) **TOTAL Monetary Contributions To Date**	(10) **TOTAL Monetary Expenditures To Date**
$ ___ , 2 , 085 . 00	$ ___ , 2 , 035 . 64

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____	(Type name) _____
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
X _____	**X** _____
Signature	Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _(PAC) Community Advocates for Libraries in Miami (CALM)_ **(2) I.D. Number** _1287_

(3) Cover Period _8/30/2014_ ___ / ___ / ___ through _9/12/2014_ ___ / ___ / ___ **(4) Page** _1_ of _0_

(5) Date / (6) Sequence Number	(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
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							
___ / ___ / ___							

DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name (PAC) Community Advocates for Libraries in Miami (CALM)   **(2) I.D. Number** 1287

(3) Cover Period 8/30/2014   ___/___/___ **through** 9/12/2014 ___/___/___   **(4) Page** 1 **of** 1

(5) Date / (6) Sequence Number	(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
9/8/2014 / / 1	Munias, Mercedes 9765 SW 92 Ter Miami, FL 33176	reimbursement for a cash donation that exceeded $50 max on 6/30/14.	RM		$40.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**