

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) (PAC) Miami-Dade County Working With You PAC

Name

(2) 900 S. Pine Island Road

Address (number and street)

Plantation, FL 33324

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1294

(4) Check appropriate box(es):

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

OFFICE USE ONLY
ONLINE SUBMISSION
[1078552]

Submitted on:
10/10/2014 13:19:14 (eastern)

(5) Report Identifiers

Cover Period: From 9 / 27 / 2014 To 10 / 3 / 2014 Report Type: 14G4

Original

Amendment

Special Election 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 \$ _____ , 10 , 000 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , 10 , 000 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 184 , 723 . 02

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 21 , 000 . 00

(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)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (PAC) Miami-Dade County Working With You PAC (2) I.D. Number 1294

9/27/2014 10/3/2014

(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) Miami-Dade County Working With You PAC (2) I.D. Number 1294
 (3) Cover Period 9/27/2014 through 10/3/2014 (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					
10/2/2014 //	CHARLIE CRIST FOR GOVERNOR, PO BOX 1067 ST PETERSBURG, FL 33731	event fee	MO		\$10,000.00
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