	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	(PAC) Miami-Dade County Working With								
	Name	ONLINE SUBMISSION							
(2)	900 S. Pine Island Road	Submitted on:							
	Address (number and street)	5/6/2015 14:26:55 (eastern)							
	Plantation, FL 33324  City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 1294							
(4)	_	(6) 12 (12)1							
(+)	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								
	(5) Report	t Identifiers							
Cove	er Period: From 4 / 1 / 2015 To	4 / 30 / 2015 Report Type: 15M04							
× o	riginal Amendment Sp	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , ,000	Monetary							
Loar	<del></del>	Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,	Total Monetary \$ , 3 , <u>196</u> . <u>73</u>							
In-Ki	and \$,,,000								
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T	(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  Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY)  Candidate Chairperson (only for PC and PTY)								
X		X							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (PAC) Miami-Dade County Working With You P(2) I.D. Number 1294 4/1/2015 4/30/2015								
(3) Cover Perio	4/1/2015 od///	throu	gh	/30/2015 ///	(4) Pag	e <u>1</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	)	(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code		tributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	(PAC)	Miami-Dade	County	Working	With	You	PAC	(2) I.D. Nur	nber	1	L294	
		4/1/2015		4/30	)/2015	i i		-				
(3) Cover Pe	riod	I = I	throu	iah i	/	1		(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4/28/2015	NML INC, 6601 n ANDREWS AVE FT LAUDERDALE, FL 33308	printing/mailin g	МО		\$3,196.73
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DS-DE 14 (Rev.					