CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	(PAC) Miami Dade Citizens For Progres	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	2121 Ponce de Leon Blvd.	Submitted on:						
	Address (number and street)	9/10/2015 10:57:05 (eastern)						
	Coral Gables, FL 33134 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 1434						
(4)	_	(3) ID Number.						
(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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
	marvidual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From $8 / 1 / 2015$ To	8 / 31 / 2015 Report Type: 15M08						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$, , 500 . 00	Expenditures \$, , 550 . 00						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to						
	f	Office Account \$, , 0 . 00						
Tota	I Monetary \$, , <u>500</u> . <u>00</u>	T talk and a second						
	•	Total Monetary \$, , <u>550</u> . <u>00</u>						
In-Ki	find \$							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>64</u> , <u>500</u> . <u>00</u>	\$, <u>6</u> , <u>400</u> . <u>00</u>						
		tification						
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:								
_(T)	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(PAC) Miami Dade C	itizer	s For Pro	gress	(2) I.D. Numbe	r <u> </u>	434
	8/1/2015			/31/2015			
(3) Cover Perio	od / /	thro	ugh	11_	(4) Pag	e 1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/5/2015	AvMed, P.O. Box 1778 Gainesville, FL 32627	Bh	nealth insurance	СН			\$500.0
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<i>f 1</i>							
/ /							
DS-DE 13 (Rev. 11/13	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	(PAC)	Miami	Dade	Citizens	For	Progi	cess	 (2) I.D. Nun	nber	1	L434	
		8/1/20	15		8 /	31/20	15					
(3) Cover Per	riod	1	1	through	1	1	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
8/10/2015	BYG Strategies, 951 Brickell Avenue	consulting	MO		\$550.00
1	Miami, FL 33131			5	
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