

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

(1) (PTY) Miami-Dade County Democratic Executive Committee

**OFFICE USE ONLY**

**Name**

**ONLINE SUBMISSION**

(2) 801 Arthur Godfrey Rd. Suite 402A

[1053867]

**Address (number and street)**

Submitted on:  
3/27/2013 21:11:53 (eastern)

Miami Beach, FL 33140

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 540

(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

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 11/2/2012 To 12/31/2012 Report Type Q4-12

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 \$ 68.45

Transfers to Office Account \$ 0.00

Total Monetary \$ 68.45

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 697,275.65

**(10) TOTAL Monetary Expenditures To Date**

\$ 699,389.95

**(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.

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

(Type name)

(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** \_\_\_\_\_ (PTY) Miami-Dade County Democratic Executive Committee **(2) I.D. Number** \_\_\_\_\_ 540 \_\_\_\_\_

11/2/2012 12/31/2012

**(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 (PTY) Miami-Dade County Democratic Executive Committee (2) I.D. Number 540  
 11/2/2012 12/31/2012  
 (3) Cover Period / / through / / (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					
11/26/2012 / /	Merchant Bankcard, 1200 Brickell Ave Miami, FL 33131	merchant services fee	MO	Add	\$33.63
1					
12/4/2012 / /	Merchant Bankcard, 1200 Brickell Ave Miami, FL 33131	merchant fee	MO	Add	\$34.82
2					
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