FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Citizens of West Miami Dade for Better	Mun. Services OFFICE USE ONLY						
Name (2) 1985 NW 88th Court, Suite 101 Address (number and street)	ONLINE SUBMISSION						
Miami, FL 33172 City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 544						
(4) Check appropriate box(es): Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT	IDENTIFIERS						
Cover Period: From	10/10/2008 / Report Type G3-08						
☑ Original ☐ Amendment ☐ Special Election	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$ 14.51						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 14.51						
In-Kind \$							
	(8) Other Distributions \$0.00						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$8,102.34_						
(11) CERT							
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) Individual (only for Treasurer Deputy Treasurer Candidate Chairperson (only for PC, PTY &							
electioneering commun.)	electioneering commun. organization)						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

			10/10/2008	(4) Pag		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)	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Citizens	of	West	Miami	Dade	for	Better	Mun.	Ser(2) 4.05 Numbe	r	5	44	po
	9/2	7/2	8008			10/1	0/2008		**	-			
(3) Cover Pe	eriod	1	1	thro	ouah	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
10/8/2008	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	МО		\$14.51
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