

**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** 544  
**Name**  
(2) 1985 NW 88th Court, Suite 101, Miami, FL 33172  
**Address (number and street)**  
  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: \_\_\_\_\_

(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 1/1/2007 To 3/31/2007 Report Type Q1-07  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>35.74</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>35.74</u>

(8) **Other Distributions**  
\$ 0.00

(9) **TOTAL Monetary Contributions To Date**  
\$ 0.00

(10) **TOTAL Monetary Expenditures To Date**  
\$ 35.74

**(11) CERTIFICATION**  
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
--	--

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Citizens of West Miami Dade for Better Municipal Services **(2) I.D. Number** 544

1/1/2007 through 3/31/2007

**(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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Citizens of West Miami Dade for Better Mun. Services (2) F.D. Number 544

(3) Cover Period 1/1/2007 through 3/31/2007 (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					
1/8/2007 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO	Add	\$11.92
1					
1/31/2007 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO	Add	\$11.93
2					
2/28/2007 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO	Add	\$11.89
3					
//					
//					
//					
//					
//					