

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

(1) Citizens of West Miami Dade for Better Mun. Services  
Name

(2) 1985 NW 88th Court, Suite 101  
Address (number and street)

Miami, FL 33172  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**

(3) ID Number: 544

(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 4/1/2009 To 6/30/2009 Report Type Q2-09

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 \$ 47.95

Transfers to Office Account \$ 0.00

Total Monetary \$ 47.95

(8) Other Distributions \$ 0.00

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

\$ 7,450.00

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

\$ 8,228.48

**(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.

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(Type name) \_\_\_\_\_  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

4/1/2009 through 6/30/2009

**(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 Citizens of West Miami Dade for Better Mun. Services (2) F.D. Number 544  
 4/1/2009 6/30/2009  
 (3) Cover Period 4/1/2009 through 6/30/2009 (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					
4/3/2009 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO		\$15.98
1					
5/4/2009 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO		\$15.98
2					
6/8/2009 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO		\$15.99
3					
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