

**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

ONLINE SUBMISSION

(2) 1985 NW 88th Court, Suite 101

[1015063]

Address (number and street)

Submitted on:
10/5/2009 12:36:20 (eastern)

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

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 7/1/2009 To 9/30/2009 Report Type Q3-09

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 \$ 47.97

Transfers to Office Account \$ 0.00

Total Monetary \$ 47.97

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 7,450.00

(10) TOTAL Monetary Expenditures To Date

\$ 8,276.45

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

7/1/2009 through 9/30/2009

(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

(3) Cover Period 7/1/2009 through 9/30/2009 (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					
7/1/2009 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO		\$15.99
1					
8/3/2009 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO		\$15.99
2					
9/3/2009 //	City National Bank, 8725 NW 18th Terrace Miami, FL 33172	bank service charge	MO		\$15.99
3					
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