

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

(1) Friends of Miami-Dade College

Name

(2) 1001 Brickell Bay Drive, 9th Floor

Address (number and street)

Miami, FL 33131

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

ONLINE SUBMISSION

(3) ID Number: 549

(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 7/19/2008 To 8/1/2008 / _____ Report Type F2-08

☒ 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 \$ 850.00

Transfers to Office
Account \$ 0.00

Total
Monetary \$ 850.00

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

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

\$ 19,414.11

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

\$ 850.00

(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.

(Type name)

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

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

(Type name)

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

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Friends of Miami-Dade College (2) I.D. Number 549

7/19/2008

8/1/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ **(4) Page** 1 of 0

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Friends of Miami-Dade College

(2) I.D. Number 549

(3) Cover Period 7/19/2008 through 8/1/2008

(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
7/19/2008 / /	Board of County Commissioners, 2700 NW 87 Ave Miami, FL 331720000	late filing penalties	MO		\$850.00
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