

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

(1) Informing Our Community: The Truth
Name

(2) 329 East 9th Street
Address (number and street)

Hialeah, FL 33010
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(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

OFFICE USE ONLY

ONLINE SUBMISSION
[1021038]

Submitted on:
8/20/2010 09:38:37 (eastern)

(3) ID Number: 596

(5) REPORT IDENTIFIERS

Cover Period: From 7/31/2010 To 8/9/2010 / Report Type F3-10

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 \$ 10,000.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 10,000.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 24,100.00

(10) TOTAL Monetary Expenditures To Date

\$ 22,050.00

(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.

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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 Informing Our Community: The Truth (2) I.D. Number 596

7/31/2010 8/9/2010

(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 Informing Our Community: The Truth

(2) I.D. Number 596

(3) Cover Period 7/31/2010 through 8/9/2010

(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
8/3/2010 / /	ACCOUNTABILITY PROJECT, 7525 SW 54 CT MIAMI, FL 33143	donation	MO		\$10,000.00
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