CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	(PAC) Friends of Miami-Dade College	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1450 Brickell Ave	Submitted on:						
	Address (number and street)	6/9/2015 12:15:07 (eastern)						
	Miami, FL 33131 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 734						
(4)	_	(b) 12 Number						
(~)	Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC)							
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY)	Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
	(5) Report	Identifiers						
Cov	er Period: From $\underline{5}$ / $\underline{1}$ / $\underline{2015}$ To	5 / 31 / 2015 Report Type: 15M05						
X O	riginal Amendment Spr	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	h & Checks \$, , <u>189</u> . <u>95</u>	Monetary						
Loar		Transfers to Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , <u>189</u> . <u>95</u>	T. (IM)						
In-Ki	ind \$, , 0.00	Total Monetary \$, , 2 . 73						
		(8) Other Distributions						
		\$, ,, ,000						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$ <u>1</u> , <u>571</u> , <u>703</u> . <u>94</u>	\$, <u>77</u> , <u>947</u> . <u>94</u>						
		tification son 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:								
(T	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		_X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(PAC) Friends of M	iami-	Dade Colle	ege . (2) I.D. Numbe	er	34	
	5/1/2015 od///		5	/31/2015				
(5) Date (6) Sequence Number	(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)	(12)	
5/29/2015 /	Regions Bank, 901 S. Miami Ave. Suite 210 Miami, fl 33130	I	Cecupation	IN	Bescription		\$189.9	
1 1								
1 1								
j j								
j j								
f I								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	(PAC)	Friends	of	Miami-Dade	Colleg	е	 (2) I.D. Nun	nber	7	/34	
		5/1/2019	5		5/31/2	015					
(3) Cover Pe	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
5/11/2015	Regions Bank, 901 S. Miami Ave. Suite 210 Miami, fl 33130	bank charges	MO		\$2.73
1					
//					
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.	4440 V				