CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	(PAC) Friends of Miami-Dade College	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	1450 Brickell Ave	[1094506]								
	Address (number and street)	Submitted on: 12/6/2015 14:43:28 (eastern)								
	Miami, FL 33131									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 734								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought:   ☑ Political Committee (PC) ☐ 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								
Cove	er Period: From $10 / 1 / 2015$ To	10 / 31 / 2015 Report Type: 15M10								
□ 0	riginal ⊠ Amendment ☐ Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , , _26	Monetary								
Loar	s	Transfers to Office Account \$,,,0 . 00								
Tota	I Monetary \$,,	Total Monetary \$ , , , 32 . 26								
In-Ki	ind \$,,,0 . 00									
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$ <u>1</u> , <u>572</u> , <u>174</u> . <u>18</u>	\$, <u>117</u> , <u>935</u> . <u>57</u>								
(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:										
(T <sup>,</sup>	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		x								
	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(PAC) Friends of M	iami-	Dade Colle	ege	(2) I.D. Numbe	r 7	734
	10/1/2015			0/31/2015			
(3) Cover Perio	od///	thro			(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
10/30/2015	Regions Bank, 901 S. Miami Ave. Miami, FL 33134	В	bank	RE	analysis I charge - refund	Delete	\$32.2
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	(PAC)	Friends	of	Miami-Dade	Colle	ge	 (2) I.D. Nun	nber	7	134	
		10/1/203	15		10/31	/2015					
(3) Cover Per	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
10/30/2015	Regions Bank, 901 S. Miami Ave. Miami, Fl 33134	analysis charge - refund	MO	Add	\$-32.26
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