CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Friends of Miami-Dade College	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1140898]							
(2)	1450 Brickell Ave; Suite 1800	Submitted on:							
	Address (number and street)	3/9/2017 17:05:46 (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:								
	<ul><li>☒ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	I Identifiers							
Cove	1,7	2 / 28 / 2017 Report Type: 17M02							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
01	9 Oharda \$ 0.00	Monetary Expenditures \$ , 6,896.66							
Casi	h & Checks \$ , , , 0 . <u>00</u>								
Loar	ns \$,,000	Transfers to							
		Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00								
	· — — — —	Total Monetary \$ , 6 ,896 .66							
In-Ki	ind \$ , , 0.00								
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(9)	•								
	\$ <u>1</u> , <u>574</u> , <u>136</u> . <u>63</u>	\$ , <u>225</u> , <u>397</u> . <u>13</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	(Type name) (Type name)								
	Individual (only for IE  Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)							
	electioneering comm.)								
X		x							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Friends of Miami-Dade College (2) I.D. Number									
(3) Cover Period	2/1/2017 d///	through	2/28/2017 /	(4) Pag	je <u>1</u>	of			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)			
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount			
1 1									
1 1									
1 1									
1 1									
J I									
1 1									
1 1									
1 1									

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	Friends of Miami-Dade College						 (2) I.D. Nun	734			
		2/1/20	17		2/28/20	017	*				
(3) Cover Pe	eriod	I	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
2/16/2017	BALLARD PARTNERS, 403 EAST PARK AVENUE TALLAHASSEE, FL 32301	consulting feb 2017	МО		\$6,891.66
1					
2/28/2017	REGIONS BANK, 901 S. MIAMI AVENUE SUITE 210 MIAMI, FL 33130	bank fees	МО		\$5.00
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