

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

(1) Citizens for Reform for Miami-Dade County  
**Name**  
 (2) 122 Camilo Avenue  
**Address (number and street)**  
Coral Gables, FL 33134  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1018372]  
 Submitted on:  
 7/15/2010 08:27:09 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 743

(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**

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2010 To 7/16/2010 Report Type F1-10  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>650.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>650.00</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 84,300.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 84,197.59

**(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** Citizens for Reform for Miami-Dade County **(2) I.D. Number** 743

4/1/2010 7/16/2010

**(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 Citizens for Reform for Miami-Dade County

(2) I.D. Number 743

4/1/2010 through 7/16/2010

(3) Cover Period       /      /       through       /      /      

(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
(6) Sequence Number					
7/15/2010 //	May, Frank R. 122 Camilo Avenue Coral Gables, FL 33134	preparation and filing of irs forms 1120 pol, 990-ez and schedule c and miami-dade	MO		\$650.00
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