

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

(1) Miami Voice  
Name  
(2) 7722 NW 201 Terrace  
Address (number and street)  
Hialeah, FL 33015  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1026881]  
Submitted on:  
1/11/2011 13:44:04 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 861

(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 10/29/2010 To 12/31/2010 Report Type Q4-10  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 25.00  
 Loans \$ 0.00  
 Total Monetary \$ 25.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 0.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 12,925.40

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 11,051.24

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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### CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name**     Miami Voice     **(2) I.D. Number**     861      
**(3) Cover Period**     10/29/2010     through     12/31/2010     **(4) Page**     1     of     1    

(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
(6) Sequence Number		Type	Occupation				
12/22/2010 / /	Roiz, J.G. 561 SW 5th Street Miami, FL 33130	I		CH		Add	\$25.00
1							
11/9/2010 / /	Hamilton, Hank 800 Curtiss Dr Opa Locka, FL 33054	I		CH		Delete	\$100.00
2							
11/9/2010 / /	Hamilton III, Mc Henry 9485 Sunset Dr. Ste A280 Miami, FL 33173	I		CH		Add	\$100.00
3							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Miami Voice

(2) I.D. Number 861

(3) Cover Period 10/29/2010 through 12/31/2010

(4) Page 1 of 0

(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					
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