

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

(1) Miriam 'Mimi' Planas
Name
 (2) 8937 SW 12 Street
Address (number and street)
Miami, FL 33174
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1019072]
 Submitted on:
 7/22/2010 22:45:10 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 716

(4) **Check appropriate box(es):**
 Candidate (office sought): County Commission 10
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(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>70.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>70.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 18,219.98

(10) TOTAL Monetary Expenditures To Date
 \$ 10,284.89

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

(1) Name Miriam 'Mimi' Planas (2) I.D. Number 716

4/1/2010 through 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 Miriam 'Mimi' Planas

(2) I.D. Number 716

(3) Cover Period 4/1/2010 through 7/16/2010

(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					
7/14/2010 //	Shenker-Bacardi, Kimberly 7824 SW 193rd Street Miami, FL 33157	over the maximum allowed contribution	RE	Add	\$70.00
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