

**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
 [1017970]
 Submitted on:
 5/11/2010 14:48:35 (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 1/1/2010 To 3/31/2010 / Report Type Q1-10
 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>0.00</u> |
| Transfers to Office Account | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>0.00</u> |

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 12,410.98

(10) TOTAL Monetary Expenditures To Date
 \$ 5,772.01

(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 |
|---|---|

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 1/1/2010 through 3/31/2010 (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 | | | | | | | |
| 1/23/2010 / / | Davis, John 10945 SW 63 Avenue Miami, FL 33156 | I | business owner | CH | | Delete | \$400.00 |
| 1 | | | | | | | |
| 1/23/2010 / / | Davis, John 10945 SW 63 Avenue Miami, FL 33156 | I | computer technician | CH | | Add | \$400.00 |
| 2 | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Miriam 'Mimi' Planas

(2) I.D. Number 716

(3) Cover Period 1/1/2010 through 3/31/2010

(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 | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |