

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

(1) Ruben Pol III
Name
 (2) 7900 SW 12 Street
Address (number and street)
Miami, FL 33144
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1018927]
 Submitted on:
 7/22/2010 10:40:23 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 803

(4) **Check appropriate box(es):**
 Candidate (office sought): Community Council 10/103
 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 \$ 105.00
 Loans \$ 0.00
 Total Monetary \$ 105.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 100.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 105.00

(10) TOTAL Monetary Expenditures To Date
 \$ 100.00

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ruben Pol III

(2) I.D. Number 803

(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					
6/11/2010 // 1	Miami Dade Board of County Com, 2700 NW 87 Ave Miami, Fl 33172	qualifying fee	MO		\$100.00
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