

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

(1) Joanne Carbana  
Name  
(2) P.O.Box 172955  
Address (number and street)  
Miami, FL 33017  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1022850]  
Submitted on:  
9/15/2010 12:54:24 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 807

(4) Check appropriate box(es):  
 Candidate (office sought): Community Council 05/51  
 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 9/13/2010 Report Type TR-QC  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 150.00  
 Loans \$ 0.00  
 Total Monetary \$ 150.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 150.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 150.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 150.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 150.00

**(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><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 Joanne Carbana (2) I.D. Number 807

4/1/2010 through 9/13/2010

(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) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
6/11/2010 / /	Carbana, Joanne P.O. Box 172955 Miami, FL 33017	I	paralegal	CH			\$150.00
1							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Joanne Carbana

(2) I.D. Number 807

(3) Cover Period 4/1/2010 through 9/13/2010

(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					
6/14/2010 //	Board of County Commissioners, 2700 NW 87 Avenue Miami, FL 33172	qualifying fee	MO		\$100.00
1					
9/10/2010 //	Carbana, Joanne P.O. Box 172955 Miami, FL 33017	reimburse loan	MO		\$50.00
2					
//					
//					
//					
//					
//					
//					