

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

(1) Alex Diaz  
Name  
(2) 3516 SW 26 Street  
Address (number and street)  
Miami, FL 33133  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1024751]  
Submitted on:  
10/18/2010 19:54:09 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 818

(4) Check appropriate box(es):  
 Candidate (office sought): School Board District 6  
 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 8/20/2010 To 11/22/2010 Report Type TR-F1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 0.00  
 Total Monetary \$ 0.00  
 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**  
 \$ 2,025.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 2,025.00

**(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 Alex Diaz (2) I.D. Number 818

8/20/2010 through 11/22/2010

(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 Alex Diaz

(2) I.D. Number 818

(3) Cover Period 8/20/2010 through 11/22/2010

(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					
9/7/2010 //	Bank Atlantic, 8400 Doral, 36 33166	closing fee	MO	Delete	\$20.00
1					
9/7/2010 //	Bank Atlantic, 8705 NW 35 Lane Doral, FL 33172	closing fee	MO	Add	\$20.00
2					
9/7/2010 //	Sankofa Society Inc., 8953 SW Miami, 12 33176	dispersed remaining balance to a non-profit (sankofa society inc.)	MO	Delete	\$25.10
3					
9/7/2010 //	Sankofa Society Inc., 8953 SW 128 St Miami, FL 33176	dispersed remaining balance to a non-profit (sankofa society inc.)	MO	Add	\$25.10
4					
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