

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

(1) Dennis C. Moss
Name
 (2) 17125 SW 109 CT
Address (number and street)
Miami, FL 33157
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1044200]
 Submitted on:
 9/11/2012 00:29:49 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1093

(4) **Check appropriate box(es):**
 Candidate (office sought): County Commission 09
 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 7/7/2012 To 7/20/2012 Report Type F2-12
 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
 \$ 167,111.02

(10) TOTAL Monetary Expenditures To Date
 \$ 129,051.11

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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|--|--|
| <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 CONTRIBUTIONS

(1) Name Dennis C. Moss **(2) I.D. Number** 1093
(3) Cover Period 7/7/2012 through 7/20/2012 **(4) Page** 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|-----------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
| 7/16/2012 / / | United States Assocn of CDC, 1150 Wilshire Circle W Pembroke Pines, FL 33027 | I | community dev corp | CH | | Delete | \$500.00 |
| 1 | | | | | | | |
| 7/16/2012 / / | United States Assocn of CDC, 1150 Wilshire Circle W Pembroke Pines, FL 33027 | B | community dev corp | CH | | Add | \$500.00 |
| 2 | | | | | | | |
| 7/16/2012 / / | Joe Garcia for Congress, 9845 E Fern St Miami, FL 33157 | B | candidate | CH | | Delete | \$100.00 |
| 3 | | | | | | | |
| 7/16/2012 / / | Joe Garcia for Congress, 9845 E Fern St Miami, FL 33157 | B | n/a | CH | | Add | \$100.00 |
| 4 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dennis C. Moss

(2) I.D. Number 1093

(3) Cover Period 7/7/2012 through 7/20/2012

(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 | | | | | |
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