

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

(1) Johnny G. Farias  
**Name**  
 (2) 3120 SW 144th Avenue  
**Address (number and street)**  
Miami, FL 33175  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1036222]  
 Submitted on:  
 5/22/2012 16:37:20 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 1096

(4) **Check appropriate box(es):**  
 Candidate (office sought): County Commission 11  
 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 1/1/2012 To 3/31/2012 Report Type Q1-12  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>-200.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-200.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>-17.50</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-17.50</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 901.54

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 271.24

**(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 <b>X</b> _____ 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) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Johnny G. Farias (2) I.D. Number 1096  
 1/1/2012 through 3/31/2012  
 (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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3/30/2012 / /	Avis, Brown 330 NW 5 Avenue Florida City, Fl 33034	I	self employed	CH		Delete	\$200.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Johnny G. Farias

(2) I.D. Number 1096

(3) Cover Period 1/1/2012 through 3/31/2012

(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
1/31/2012 / /	Chase Bank,	check supplies	MO	Delete	\$17.50
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