

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

(1) Joe Sanchez
Name
(2) 10937 SW 113 Place
Address (number and street)
Miami, FL 33176
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1037634]
Submitted on:
7/11/2012 10:46:24 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1165

(4) Check appropriate box(es):
 Candidate (office sought): Community Council 12/124
 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 4/1/2012 / 7/6/2012 / To 7/6/2012 / 7/6/2012 / Report Type F1-12

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
Loans \$ 500.00
Total Monetary \$ 500.00
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
\$ 500.00

(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>
--	--

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joe Sanchez **(2) I.D. Number** 1165
(3) Cover Period 4/1/2012 through 7/6/2012 **(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
6/4/2012 / /	Sanchez, Joe 10937 SW 113 PLACE Miami, FL 33176	I	it businessma n	LO			\$500.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joe Sanchez

(2) I.D. Number 1165

(3) Cover Period 4/1/2012 through 7/6/2012

(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
(6) Sequence Number					
6/5/2012 / /	County Commissioners, Board of 2700 NW 87 Avenue Miami, FL 33172	qualifying fee	MO		\$100.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					