

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

(1) North Central Steering Committee
Name

(2) 644 N.W. 95th Street
Address (number and street)

Miami, FL. 33150
City, State, Zip Code

OFFICE USE ONLY
2005 JUL -8 PM 1:48

MIAMI-DADE
ELECTIONS

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|---|
| <input type="checkbox"/> Candidate (office sought): _____ | <input type="checkbox"/> CHECK IF PC HAS DISBANDED |
| <input checked="" type="checkbox"/> Political Committee | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Party Executive Committee | |
| <input type="checkbox"/> Electioneering Communication | |

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 05 To 06 / 30 / 05 Report Type Q2

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 275.24

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 250.00

(10) TOTAL Monetary Expenditures To Date
\$ 275.24

(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) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name North Central Steering Committee (2) I.D. Number _____

(3) Cover Period 04 / 01 / 05 through 06 / 30 / 05 (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				
04 / 20 / 05 001	Lincoln Young 2404 N.W. 135 St. Miami, FL. 33167	I	Retired	CHE	N		\$150.00
04 / 22 / 05 002	Steven D. Carroll 1480 N.W. 112 St. Miami, FL. 33167	I	Business Consulta nt	CHE	N		\$100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name North Central Steering Committee

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 05 through 06 / 30 / 05

(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					
04 / 19 / 05	Board of County Commissions 111 N.W. 1st St Suite 17202 Miami, Fl. 33128	Mailing List	PCS		\$50.24
001					
04 / 22 / 05	Happy Endings 651 N.W 106th St Miami, Fl. 33150	T-Shirts	PCS		\$225.00
002					

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