

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

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2005 OCT -6 PM 12:09  
FLORIDA DEPARTMENT  
OF STATE  
DIVISION OF ELECTIONS

OFFICE USE ONLY

(1) North Central Steering Committee  
Name  
(2) 644 NW 95th Street  
Address (number and street)  
Miami, FL 33150  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): \_\_\_\_\_
- 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 07 / 01 / 05 To 09 / 30 / 05 Report Type Q3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 375.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 375.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 625.00

(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) MACK SAMUEL, TREASURER

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Mack Samuel  
Signature

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

(Type name) MACK SAMUEL, CHAIRPERSON

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

X Mack Samuel  
Signature

**INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT SUMMARY**

RECEIVED  
 2005 OCT - 6 AM 12:09  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

- (1) Type full name of candidate, political committee, committee of continuous existence, party, executive committee, or individual or organization filing an electioneering communication report.
- (2) Type the address (include city, state, and zip code). You may use a post office box. If the address has changed since the last report filed, check the appropriate box.
- (3) Type identification number assigned by the Division of Elections.
- (4) Check one of the appropriate boxes:  
 Candidate (type office sought - include district, circuit, or group numbers)  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication  
  
 If PC or CCE has disbanded and will no longer file reports, check appropriate box.  
 If individual or organization will no longer file electioneering communication reports, check appropriate box.

- (5) Type the cover period dates (e.g., From 07/01/03 To 09/30/03)  
 Enter the report type using one of the following abbreviations (see *Calendar of Election and Reporting Dates*). If report is for a **special election**, add "S" in front of the report code (e.g., SG3).

Quarterly Reports	General Election Reports
January Quarterly..... Q4	46 <sup>th</sup> Day Prior ..... G1
April Quarterly ..... Q1	32 <sup>nd</sup> Day Prior ..... G2
July Quarterly ..... Q2	18 <sup>th</sup> Day Prior ..... G3
October Quarterly..... Q3	4 <sup>th</sup> Day Prior ..... G4
Primary Reports	90-Day Termination Reports (Candidates Only)
32 <sup>nd</sup> Day Prior..... F1	Termination Report ..... TR
18 <sup>th</sup> Day Prior ..... F2	
4 <sup>th</sup> Day Prior ..... F3	

- Check one of the appropriate boxes:
- Original (first report filed for this reporting period)
  - Amendment (an amendment to a previously filed report)
  - Special Election Report
  - Independent Expenditure Report (see Section 106.071, F.S.)

- (6) Type the amount of all contributions this report:  
 Cash & Checks  
 Loans  
 Total Monetary (sum of Cash & Checks and Loans)  
 In-kind (a fair market value must be placed on the contribution at the time it is given)
- (7) Type the amount of all expenditures this report:  
 Monetary Expenditures  
 Transfers to Office Account (elected candidates only)  
 Total Monetary (sum of Monetary Expenditures and Transfers to Office Account)
- (8) Type the amount of other distributions (goods & services contributed to a candidate or other committee by a PC, CCE or PTY).
- (9) Type the amount of TOTAL monetary contributions to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).
- (10) Type the amount of TOTAL monetary expenditures to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).
- (11) Type or print the required officer's name and have them sign the report:  
 Candidate report (treasurer & candidate must sign)  
 PC report (treasurer & chairperson must sign)  
 CCE report (treasurer must sign)  
 PTY report (treasurer & chairperson must sign)  
 Electioneering Communication report (individual or organization's treasurer & chairperson must sign)

**AMENDMENT REPORTS:** An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94. The Division will summarize all reports submitted for each reporting period and for the filer to date.

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

**RECEIVED**  
 2005 OCT -6 PM 12:09  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

**(1) Name** NORTH CENTRAL STEERING COMMITTEE

**(2) I.D. Number** \_\_\_\_\_

**(3) Cover Period** 07 / 01 / 05 through 09 / 30 / 05

**(4) Page** 1 of 1

(5) Date	(6) Sequence Number	(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
			Type	Occupation				
7 / 28 / 05	003	OTIS LEE BOSTON 1785 NW 82ND ST MIAMI, FL 33147	I		CHE	N		100.00
08 / 05 / 05	004	DORTHEA NICHSON 2190 NW 135 ST MIAMI, FL 33167	I		CHE	N		25.00
08 / 15 / 05	005	DR. PATRICIA WADE 20925 SW 187AVE MIAMI, FL 33187	I	DOCTOR	CHE	N		150.00
08 / 29 / 05	006	JAMES BROWN JR 8930 NW 8TH AVE MIAMI, FL 33150	I		CHE	N		100.00
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# INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED  
 2005 OCT 19 PM 1:09  
 DIVISION OF ELECTIONS  
 MISSOURI DEPARTMENT

- (1) Type candidate's full name or name of the political committee (PC), committee of continuous existence (CCE) or party executive committee (PTY).
- (2) Type the identification number assigned by the Division of Elections.
- (3) Type cover period dates (e.g., 7/1/03 through 9/30/03). (See *Calendar and Election Dates* for appropriate year and cover periods.)
- (4) Type page numbers (e.g., 1 of 3).
- (5) Type date contribution was RECEIVED (Month/Day/Year).

(6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the Division and for reporting amendments.

For example, a Q1 report having 75 contributions would use sequence numbers 1 through 75. The next report (Q2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended Q1 reports would begin with sequence number 76 and on amended Q2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.

- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:

- Individual** = I
- Business** = B (also includes corporations, organizations, groups, etc.)
- Committees** = C (includes PC's, CCE's and federal committees)
- Political Parties** = P (includes federal, state and county executive committees)
- Other** = O (e.g., candidate surplus funds to party, etc.)

Type occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

- (9) Enter Contribution Type using one of the following codes:

**NOTE: Cash includes cash and cashier's checks.**

DESCRIPTION	CODE
Cash	CAS
Check	CHE
In-kind	INK
Interest	INT
Loan	LOA
Membership dues	DUE
Refund	REF

- (10) Type the description of any in-kind contribution received.  
**Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".**

- (11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original Q1 report that had 75 contributions, means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original Q2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.

To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

- (12) Type amount of contribution received. **Committees of continuous existence ONLY:** Any contribution which represents the payment of dues by a member in a fixed amount pursuant to the schedule on file with the Division of Elections need only list the aggregate amount of such contribution, together with the number of members paying such dues and the amount of membership dues.

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name NORTH CENTRAL STEERING COMMITTEE

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 07 / 01 / 05 through 09 / 30 / 05

(4) Page 1

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 ELECTIONS DEPARTMENT

(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
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GLOBAL PHONECENTER  
9800 NW 7TH AVENUE  
MIAMI, FL 33150

RECEIVED  
2009 OCT -6 PM 3:39  
MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT



Miami-Dade County Elections Dept  
2700 NW 87th Avenue  
Miami, FL 33172  
Attn: Maria Acosta

33172+1630-99 C063

