

RECEIVED

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY
2005 OCT 12 AM 9:02

MIAMI-DADE
ELECTIONS

MIAMI DADE VETERANS PARTY

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Identification Number (Assigned by Division
of Elections)

11241 NW 7 ST #7

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

MIAMI FL 33172

City

State

Zip Code

checkbox

Candidate

checkbox

Committee of Continuous
Existence

checkbox

Check box if address has changed since last
report.

checkbox

Political Committee

checkbox with X

Party Executive Committee

checkbox

Check here if PC or CCE has DISBANDED
and will no longer file reports.

TYPE OF REPORT
(Check Appropriate Box)

QUARTERLY REPORTS

checkbox January

checkbox April

checkbox July

checkbox with X October

PRIMARY ELECTION

checkbox 32nd day prior

checkbox 18th day prior

checkbox 4th day prior

GENERAL ELECTION

checkbox 46th day prior

checkbox 32nd day prior

checkbox 18th day prior

checkbox 4th day prior

checkbox TERMINATION REPORT

checkbox SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

JUL 05 through OCT 05

X

Signature

12 OCT 05

Date

SIGNATURES REQUIRED FOR:

Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

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

**RECEIVED**

2005 OCT 12 AM 09Z  
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**MIAMI-DADE  
ELECTIONS**

(1) MIAMI DADE VETERANS PARTY  
Candidate, Committee or Party Name

(2) 11241 NW 7 ST # 7  
Address (number and street)

MIAMI FL 33172  
City, State, Zip Code

Check box 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

**(5) REPORT IDENTIFIERS**

Cover Period: From JUL 1 05 To OCT 1 05 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_ - 0-

Loans \$ \_\_\_\_\_ - 0-

Total Monetary \$ \_\_\_\_\_ - 0-

In-Kind \$ \_\_\_\_\_ - 0-

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_ - 0-

Transfers to Office Account \$ \_\_\_\_\_ - 0-

Total Monetary \$ \_\_\_\_\_ - 0-

**(8) Other Distributions**

\$ \_\_\_\_\_ - 0-

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ - 0-

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ - 0-

**(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.

STEVE SENZIE  
Name of  Treasurer  Deputy Treasurer

[Signature]  
Signature

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

STEVE SENZIE  
Name of  Candidate  Chairman  
(PC/PTY Only)

[Signature]  
Signature