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

2008 JAN 10 PM 12:17

OFFICE USE ONLY

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 ___ / ___ / ___ To ___ / ___ / ___ Report Type _____

Original

Amendment

Special Election Report

Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 150⁰⁰

Total Monetary \$ 150⁰⁰

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 364⁸³

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 150⁰⁰ THIS QUARTER

(10) TOTAL Monetary Expenditures To Date

\$ 364⁸³

(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 SENZIG

Name of Treasurer Deputy Treasurer

X [Signature]
Signature

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

STEVE SENZIG

Name of Candidate Chairman (PC/PTY Only)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SENZIG, STEVEN M (2) I.D. Number _____

(3) Cover Period 10 / 1 / 05 through 1 / 10 / 06 (4) Page _____ of _____

(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
11 / 106	SENZIG STEVEN M		DISABLED	LOAN			150

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SENZIG STEVEN M

(2) I.D. Number _____

(3) Cover Period 10 / 1 / 05 through 1 / 10 / 06

(4) Page _____ of _____

(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
11/21/05	SENZIG, STEVEN M	PROMOTION	PARTY PROMO MATERIAL		194 ⁰⁰
11/21/05	SENZIG, STEVEN M	CONFERENCE	TRAVEL GAS FOOD LODGING		170 ⁸³
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