

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

(1) Luis Morse
Name
(2) 1246 SW 15th Terrace
Address (number and street)
Miami, FL 33145
City, State, Zip Code

2009 OFFICE USE ONLY
JUL 22 PM 1:00

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

(4) Check appropriate box(es):

<input checked="" type="checkbox"/> Candidate (office sought): City of Miami Commission - District 3	<input type="checkbox"/> CHECK IF PC HAS DISBANDED
<input 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
<input type="checkbox"/> Party Executive Committee	COMMUNICATION REPORTS WILL BE FILED
<input type="checkbox"/> Electioneering Communication	

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 09 To 06 / 30 / 09 Report Type Q2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$ 23,825.00
Loans	\$ 0.00
Total Monetary	\$ 23,825.00
In-Kind	\$ 200.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$ 9,487.27
Transfers to Office Account	\$ 0.00
Total Monetary	\$ 9,487.27

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 43,575.00

(10) TOTAL Monetary Expenditures To Date

\$ 11,938.73

(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.

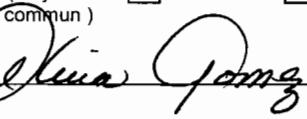
(Type name)

Alina Gomez

Individual (only for electioneering commun.)

Treasurer

Deputy Treasurer

X 

Signature

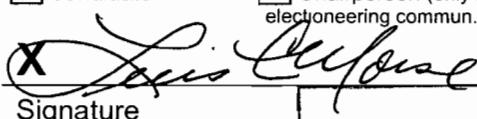
I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Luis Morse

Candidate

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

X 

Signature