

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

RECEIVED

2009 DEC 15 PM 3:20

PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

(1) DAVID CHIVERTON

Name

(2) P.O. BOX 340036

Address (number and street)

MIAMI, FL

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) **Check appropriate box(es):**

Candidate (office sought): COMMISSIONER CITY OF MIAMI DISTRICT 5

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 01 / 2009 To 12 / 04 / 2009 Report Type SI

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0

Total Monetary \$ 500.00

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**

\$ 500.00

(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.

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

(Type name) LUANGELA THOMAS

(Type name) DAVID CHIVERTON

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Luangela Thomas

X David Chiverton

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID CHIVERTON (2) I.D. Number _____

(3) Cover Period / / through / / (4) Page 1 of 1

(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
12/03/09	Mansfield, Julie 50 NE 50 ter Miami, FL 33137	I	Restaurant Owner	Mon	n/a	n/a	500.00
01							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

RECEIVED
 2009 DEC 11 PM 3:20
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL