

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

**RECEIVED**  
OFFICE USE ONLY PM 12:00  
2011 NOV 14  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL.

(1) Williams A. Armbrister  
**Name**

(2) 3260 Thomas Avenue  
**Address (number and street)**  
Miami, Florida 33133  
**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

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

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

- Candidate (office sought): City of Miami District 2 Commissioner
- 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 01 / 01 / 2011 To 03 / 31 / 2011 Report Type Q-1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>350.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>350.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>208.52</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>208.52</u>

**(8) Other Distributions**

\$ 0.00

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

\$ 350.00

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

\$ 208.52

**(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) Mamie L. Armbrister

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Mamie L. Armbrister  
Signature

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

(Type name) Williams A. Armbrister

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

**X** Williams A. Armbrister  
Signature