

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

**RECEIVED**  
**OFFICE ONLY**  
**NOV 9 PM 12:00**  
**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**

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

- CHECK IF ADDRESS HAS CHANGED
- (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 04 / 01 / 2011 To 06 / 30 / 2011 Report Type Q2-11

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

|                |    |              |
|----------------|----|--------------|
| Cash & Checks  | \$ | <u>50.00</u> |
| Loans          | \$ | <u>0.00</u>  |
| Total Monetary | \$ | <u>50.00</u> |
| In-Kind        | \$ | <u>0.00</u>  |

**(7) EXPENDITURES THIS REPORT**

|                             |    |              |
|-----------------------------|----|--------------|
| Monetary Expenditures       | \$ | <u>30.00</u> |
| Transfers to Office Account | \$ | <u>0.00</u>  |
| Total Monetary              | \$ | <u>30.00</u> |

**(8) Other Distributions**

\$ 0.00

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

\$ 400.00

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

\$ 238.52

**(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