

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

Recd. 8/12/13
M. Tejeda
3:24 PM.

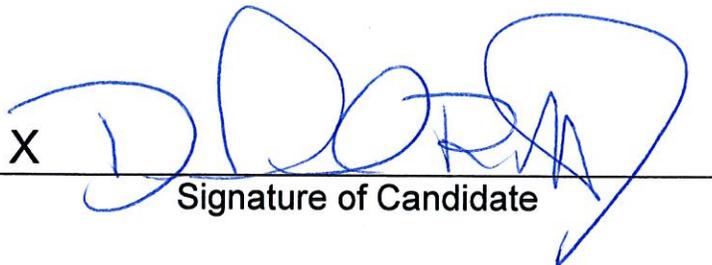
I, DAVE DOG BENNETT,

candidate for the office of Mayor of Miami Lakes;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X


Signature of Candidate

8/12/13
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

*Recd. 8/12/13
D. Tejeda
3:24 PM.*

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

DAVE DOG BENNETT

3. Address (include post office box or street, city, state, zip code)

*15830 N.W. 83rd Pl
Miami Lakes, FL 33016*

4. Telephone

(305) 401-0893

5. E-mail address

electdogbennett@gmail.com

6. Office sought (include district, circuit, group number)

Mayor

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Mirtha Mendez

11. Mailing Address

7000 Gleneagle Drive

12. Telephone

(305) 823-5758

13. City

Miami Lakes

14. County

Dade

15. State

FL

16. Zip Code

33014

17. E-mail address

mimamen@aol.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Bank United

20. Address

15201 N.W. 67th Ave

21. City

Miami Lakes

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33014

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

8/12/13

26. Signature of Candidate

X

[Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *Mirtha Mendez*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Aug 12, 2013

Date

X

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer



Office of the Town Clerk

6601 Main Street, Suite 206 • Miami Lakes, Florida, 33014

Office: (305) 364-6100 • Fax: (305) 558-8511

Website: www.miamilakes-fl.gov

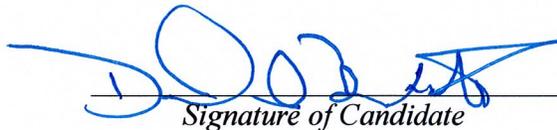
WRITTEN NOTICE OF CANDIDACY

I, DAVE DOC BENNETT

the undersigned, an elector of the Town of Miami Lakes, who has resided continuously in the Town for at least two (2) years preceding the date of filing of this notice of candidacy; whose residence is

15830 N.W. 23rd Pl, Miami Lakes, FL 33016

in the Town of Miami Lakes, hereby announce my candidacy for the office of Town Councilmember Seat 4 _____ (or) Mayor X to be voted for at the election to be held on the first day of October, 2013, and I hereby agree to serve if elected.



Signature of Candidate

Date & Hour of Filing 08-27-13P01:46 RCVD

Received by: M. Tejada-Castillo
Town Clerk

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

08-27-13P01:46 RCVD

M. Tejada Castillo

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, DAVE DOC Bennett
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Mayor, _____,
(office) (district #)
_____; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X *[Signature]* 305 401-0893 electdocbennett@gmail.com
Signature of Candidate Telephone Number Email Address

15830 N.W. 83rd Pl Miami Lakes FL 33016
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109453532

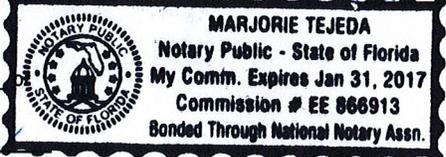
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

DAIV DANK BENET

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 27 day of August, 2013.

Personally Known: _____
Produced Identification: _____



M. Tejada Castillo
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL Drivers License

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
BRENNETT, DAVID Allen

MAILING ADDRESS :
15830 N.W. 83rd Pl

Miami Lakes 33016 Miami-Dade
 CITY : ZIP : COUNTY :

Town of Miami Lakes
 NAME OF AGENCY :

Mayor of Miami Lakes
 NAME OF OFFICE OR POSITION HELD OR SOUGHT :

08-27-13P01:54 RCVD
M. Tejeda-Castillo

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.
 CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:
 THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):
 DECEMBER 31, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:
 THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:
 COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>Laserdentics</i>	<i>10305 N.W. 41st #207</i>	<i>Dental office</i>
<i>Concierge Dentistry</i>	<i>" " " #208</i>	<i>Dental office</i>

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

Home - 15830 N.W. 83rd Pl

Rental Property - South Miami

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Laserdentics		
ADDRESS OF BUSINESS ENTITY	10305 N.W. 41st		
PRINCIPAL BUSINESS ACTIVITY	Dental Office		
POSITION HELD WITH ENTITY	owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):

[Handwritten Signature]

8/27/2013

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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

(1) Dave DOC Bennett
Name

(2) 15830 NW 83rd Place
Address (number and street)

Miami Lakes, FL 33016

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: #20

OFFICE USE ONLY

09-06-13A10:59 RCVD

M. Tejeda-Castillo

(4) Check appropriate box(es):

Candidate (office sought): Mayor of Miami Lakes

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 08 / 01 / 2013 To 09 / 04 / 2013 Report Type SE-1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 10,171.19

Total Monetary \$ 10,171.19

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 8,374.04

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 10,171.19

(10) TOTAL Monetary Expenditures To Date
\$ 8,374.04

(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) Mirtha Mendez

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X *Mirtha Mendez*
Signature

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

(Type name) Dave DOC Bennett

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

X *Dave DOC Bennett*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dave DOC Bennett (2) I.D. Number 20

(3) Cover Period 08 / 01 / 2013 through 09 / 04 / 2013 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
08 / 12 / 2013	Bennett, David A. 15830 NW 83rd Pl. Miami Lakes, FL. 33016	I		LOA			\$10,000
1							
08 / 23 / 2013	Bennett, David A. 15830 NW 83rd Pl. Miami Lakes, FL. 33016	I		LOA			\$99.00
2							
08 / 18 / 2013	Bennett, David A. 15830 NW 83rd Pl. Miami Lakes, FL. 33016	I		LOA			\$37.96
3							
08 / 30 / 2013	Bennett, David A. 15830 NW 83rd Pl. Miami Lakes, FL. 33016	I		LOA			\$10.17
4							
09 / 03 / 2013	Bennett, David A. 15830 NW 83rd Pl. Miami Lakes, FL. 33016	I		LOA			\$24.06
5							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dave DOC Bennett

(2) I.D. Number 20

(3) Cover Period 08 / 01 / 2013 through 09 / 04 / 2013

(4) Page 1 of 2

(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
(6) Sequence Number					
08 / 21 / 13	Dark Horse Strategies		MON		\$2,935.00
1					
08 / 30 / 13	Dark Horse Strategies		MON		\$2,360.00
2					
09 / 05 / 13	Dark Horse Strategies		MON		\$2,670.00
3					
08 / 23 / 13	Postage		MON		\$99.00
4					
08 / 19 / 13	FedEx		MON		\$37.96
5					
08 / 30 / 13	FedEx		MON		\$10.17
6					
09 / 03 / 13	FedEx		MON		\$24.06
7					
08 / 27 / 13	Town of Miami Lakes		MON		\$137.85
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dave DOC Bennett

(2) I.D. Number 20

(3) Cover Period 08 / 01 / 2013 through 09 / 03 / 13

(4) Page 2 of 2

(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
(6) Sequence Number					
08 / 27 / 13	Town of Miami Lakes		MON		\$100.00
9					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) Dave DOC Bennett
Name

(2) 15830 NW 83rd Place
Address (number and street)

Miami Lakes, FL 33016

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
*Recd. 9/20/13
9:21 AM
M. Tejeda-Castillo*

(3) ID Number: #20

(4) Check appropriate box(es):

Candidate (office sought): Mayor of Miami Lakes

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 09/03/2013 To 09/18/2013 Report Type SE-2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 10,000

Total Monetary \$ ~~20,171.19~~

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 8,435.00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 20,171.19

(10) TOTAL Monetary Expenditures To Date

\$ 16,809.04

(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) Mirtha Mendez

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Mirtha Mendez
Signature

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

(Type name) Dave DOC Bennett

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

X D. DOC Bennett
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dave DOC Bennett

(2) I.D. Number 20

(3) Cover Period 09 / 05 / 2013 through 09 / 18 / 2013

(4) Page 1 of 1

(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
(6) Sequence Number					
09 / 07 / 13	Dark Horse Strategies		MON		\$2,500.00
1					
09 / 16 / 13	Dark Horse Strategies		MON		\$5,950.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) Dave DOC Bennett
Name
(2) 15830 NW 83rd Place
Address (number and street)
Miami Lakes, FL 33016
City, State, Zip Code

OFFICE USE ONLY
Received by
Anna M. Inf
9/25/2013 11:24am

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____ #20

(4) Check appropriate box(es):
 Candidate (office sought): Mayor of Miami Lakes
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication
 CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 09 / 19 / 2013 To 09 / 24 / 2013 Report Type SE-TOML-3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

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

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>2,225.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>2,225.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 20,171.19

(10) TOTAL Monetary Expenditures To Date
\$ 19,034.04

(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) Mirtha Mendez
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X Mirtha Mendez
 Signature

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

(Type name) Dave DOC Bennett
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Dave DOC Bennett
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dave DOC Bennett

(2) I.D. Number #20

(3) Cover Period 09 / 19 / 2013 through 09 / 24 / 2013

(4) Page 1 of 1

(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
(6) Sequence Number					
09 / 22 / 13	Dark Horse Strategies		MON		\$2,225.00
1					
/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dave DOC Bennett (2) I.D. Number #20

(3) Cover Period 09 / 19 / 2013 through 09 / 24 / 2013 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Dave DOC Bennett
Name

(2) 15830 NW 83rd Place
Address (number and street)

Miami Lakes, FL 33016
City, State, Zip Code

OFFICE USE ONLY

*12/30/13 Recd.
10:40 AM.*

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____ #20

(4) Check appropriate box(es):

- Candidate (office sought): Mayor of Miami Lakes
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 09 / 25 / 2013 To 12 / 30 / 2013 Report Type TR

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 20,171.19

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____ 0.00

Transfers to Office Account \$ _____

Total Monetary \$ _____ 0.00

(8) Other Distributions

\$ _____ 1,137.13

(9) TOTAL Monetary Contributions To Date

\$ _____ 20,171.19

(10) TOTAL Monetary Expenditures To Date

\$ _____ 20,171.19

(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) Mirtha Mendez

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X *Mirtha Mendez*
Signature

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

(Type name) David A. Bennett

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

X *David A. Bennett*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dave DOC Bennett

(2) I.D. Number #20

(3) Cover Period 9 / 25 / 2013 through 12 / 30 / 2013

(4) Page 1 of 1

(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
(6) Sequence Number					
10 / 6 / 13	Dave DOC Bennett		DIS		\$1,137.13
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dave DOC Bennett (2) I.D. Number #20

(3) Cover Period 09 / 25 / 2013 through 12 / 30 / 2013 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /							
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