

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

(1) James J. Araiza
Name

(2) 15755 SW 86 Avenue
Address (number and street)

Palmetto Bay, FL 33157
City, State, Zip Code

OFFICE USE ONLY

11-02-12P03:12 FILE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Council - District 2, Palmetto Bay

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 / 13 / 2012 To 11 / 1 / 2012 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ _____

Total Monetary \$ 150.00

In-Kind \$ 483.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ _____

Total Monetary \$ 0.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 10,948.00

(10) TOTAL Monetary Expenditures To Date

\$ 10,094.22

(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) Eileen Mouly, CPA

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) Jim Araiza

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

X [Signature]
Signature

James Araiza

Digitally signed by James Araiza
DN: cn=James Araiza, c=US,
email=jaraiza@1900airway.com
Reason: I agree to the terms
defined by the placement of my
signature on this document
Date: 2012.11.02 14:32:26 -0400

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name James J. Araiza

(2) I.D. Number _____

(3) Cover Period 10 / 13 / 2012 through 11 / 1 / 2012

(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
/ /	none				\$0.00
/ /					
/ /					
/ /			TOTALS		\$0.00
/ /					
/ /					
/ /					
/ /					