

2010 FEB -1 AM 11:33

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

REPUBLICAN PARTY OF MIAMI DADE COUNTY

ADDRESS (number and street) 1460 NW 107 AVE #P

Check if different than previously reported. (ACC)

DORAL FL 33172-2734

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00471533

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 11/01/2009 through 12/31/2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOSE ALCARAZ

Signature of Treasurer Date 01/29/2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

10030234180

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

REPUBLICAN PARTY OF MIAMI DADE COUNTY

Report Covering the Period:

From:

11/01/2009

To:

12/31/2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010	2010	2273968
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	2292000	2292000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2292000	2292000
7. Total Disbursements (from Line 31).....	18032	18032
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2293968	2293968
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

10030234181

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

REPUBLICAN PARTY OF MIAMI DADE COUNTY

Report Covering the Period: From: MM/DD/YYYY 11/01/2009 To: MM/DD/YYYY 12/31/2009

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22,920.00	22,920.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22,920.00	22,920.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	22,920.00	22,920.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	22,920.00	22,920.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22,920.00	22,920.00

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	18032	18032
(ii) Non-Federal Share	000	000
(b) Other Federal Operating Expenditures	000	000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18032	18032
22. Transfers to Affiliated/Other Party Committees	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees	000	000
24. Independent Expenditures (use Schedule E)	000	000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	000	000
26. Loan Repayments Made	000	000
27. Loans Made	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	000	000
(b) Political Party Committees	000	000
(c) Other Political Committees (such as PACs)	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	000	000
29. Other Disbursements	000	000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	000	000
(ii) "Levin" Share	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18032	18032
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	18032	18032

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DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22,920.00	22,920.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22,920.00	22,920.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	180.32	180.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	180.32	180.32

10030234184

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

Full Name (Last, First, Middle Initial) A. JAVIERA CARRERO		Date of Receipt 11/09/2009
Mailing Address 8831 SW 58 ST		Amount of Each Receipt this Period 10000
City MIAMI	State FL Zip Code 33173	
FEC ID number of contributing federal political committee. C		
Name of Employer MIAMI DADR EXEC COM	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000	

Full Name (Last, First, Middle Initial) B. NORMAN BRAMAN		Date of Receipt 11/18/2009
Mailing Address 2060 NE 2 AVE		Amount of Each Receipt this Period 1000000
City MIAMI	State FL Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer BRAMAN AUTO DEALER	Occupation CAR SALES	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000000	

Full Name (Last, First, Middle Initial) C. ISMA BRAMAN		Date of Receipt 11/18/2009
Mailing Address 2060 NE 2 AVE		Amount of Each Receipt this Period 1000000
City MIAMI	State FL Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer BRAMAN AUTO DEALER	Occupation CAR SALES	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000000	

SUBTOTAL of Receipts This Page (optional).....▶	2010000
TOTAL This Period (last page this line number only).....▶	

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

Full Name (Last, First, Middle Initial) A. CONCEPCION DAVIO		Date of Receipt 12/04/2009
Mailing Address 240 W 61 ST		Amount of Each Receipt this Period 2500
City HI ALEAH	State FL	
Zip Code 33012		Amount of Each Receipt this Period 2500
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500	

Full Name (Last, First, Middle Initial) B. NAVARRO LUISA		Date of Receipt 12/04/2009
Mailing Address 11059 NW 4 ST		Amount of Each Receipt this Period 3000
City SWEETWATER	State FL	
Zip Code 33172		Amount of Each Receipt this Period 3000
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000	

Full Name (Last, First, Middle Initial) C. PINDER MAMIE		Date of Receipt 12/04/2009
Mailing Address 11100 SW 153 ST		Amount of Each Receipt this Period 2500
City MIAMI	State FL	
Zip Code 33157		Amount of Each Receipt this Period 2500
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500	

SUBTOTAL of Receipts This Page (optional).....▶	8000
TOTAL This Period (last page this line number only).....▶	

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Full Name (Last, First, Middle Initial) SALABARRIA OCTAVIO		Date of Receipt 12/04/2009
Mailing Address 3120 COLLINS AVE # 508		Amount of Each Receipt this Period 55.00
City MIAMI BEACH	State Zip Code FL 33140	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.00	

B. Full Name (Last, First, Middle Initial) SEIDMAN MARVIN		Date of Receipt 12/04/2009
Mailing Address 8501 SW 29 ST		Amount of Each Receipt this Period 55.00
City MIAMI	State Zip Code FL 33155	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.00	

C. Full Name (Last, First, Middle Initial) TRIANA CATHERINE		Date of Receipt 12/04/2009
Mailing Address 2801 SW 5 AVE		Amount of Each Receipt this Period 85.00
City MIAMI	State Zip Code FL 33129	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 85.00	

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. FERRER HECTOR
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1756 NW 16 ST**
 City: **MIAMI** State: **FL** Zip Code: **33125**
 Date of Receipt: **12/04/2009**
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: _____ Occupation: _____
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date: **25.00**

B. WADSWORTH MARIA
 Full Name (Last, First, Middle Initial)
 Mailing Address: **13720 SW 84 AVE**
 City: **PALMETTO BAY** State: **FL** Zip Code: **33158**
 Date of Receipt: **12/04/2009**
 Amount of Each Receipt this Period: **25.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: _____ Occupation: _____
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date: **25.00**

C. MORETON ALINA
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5255 SW 103 AVE**
 City: **MIAMI** State: **FL** Zip Code: **33165**
 Date of Receipt: **12/04/2009**
 Amount of Each Receipt this Period: **55.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: _____ Occupation: _____
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date: **55.00**

SUBTOTAL of Receipts This Page (optional)..... **105.00**
 TOTAL This Period (last page this line number only).....

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

Full Name (Last, First, Middle Initial) A. CRYSTAL DAVID		Date of Receipt 12/04/2009
Mailing Address 5600 COLLINS AVE		Amount of Each Receipt this Period 2500
City MIAMI BEACH	State Zip Code FL 33140	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DIARCE JUAN		Date of Receipt 12/04/2009
Mailing Address 11755 SW 18 ST # 409		Amount of Each Receipt this Period 5500
City MIAMI	State Zip Code FL 33175	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DIEFUEL JESSE		Date of Receipt 12/04/2009
Mailing Address 327 SW 3 ST		Amount of Each Receipt this Period 5000
City FLORIDA RITY	State Zip Code FL 33034	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	13000
TOTAL This Period (last page this line number only).....▶	

10030234189

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

Full Name (Last, First, Middle Initial) A. DUNLOP LORRAINE		Date of Receipt 12 04 2009
Mailing Address 8421 SW 140 ST		Amount of Each Receipt this Period 2500
City PALMETTO BAY FL	State Zip Code FL 33158	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BANJANA CHRIS		Date of Receipt 12 04 2009
Mailing Address 9301 SW 123 AVE		Amount of Each Receipt this Period 5000
City MIAMI FL	State Zip Code FL 33186	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOSE ALCARAZ		Date of Receipt 12 04 2009
Mailing Address P.O. BOX 370061		Amount of Each Receipt this Period 5000
City MIAMI FL	State Zip Code FL 33137	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	12500
TOTAL This Period (last page this line number only).....	

10030234190

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Echevarria MARIO

Full Name (Last, First, Middle Initial)

Mailing Address
399 Golden Beach DR

City **Golden Beach** State **FL** Zip Code **33160**

Date of Receipt
12/04/2009

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
50.00

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

B. GARCIA MARIA

Full Name (Last, First, Middle Initial)

Mailing Address
66 CAMPINA CT

City **CORAL GABLES** State **FL** Zip Code **33134**

Date of Receipt
12/04/2009

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
25.00

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

C. RUNZAIER MARYEL

Full Name (Last, First, Middle Initial)

Mailing Address
12012 SW 194 TER

City **MIAMI** State **FL** Zip Code **33177**

Date of Receipt
12/04/2009

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
25.00

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

SUBTOTAL of Receipts This Page (optional).....▶ **100.00**

TOTAL This Period (last page this line number only).....▶

10030234191

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADR COUNTY

A. HERRERA PRUSPERO

Full Name (Last, First, Middle Initial)

Mailing Address
1050 NE 93 ST

City **MIAMI SHORES** State **FL** Zip Code **33138**

Date of Receipt
12/04/2009

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
25.00

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
25.00

B. MURALES ODALI

Full Name (Last, First, Middle Initial)

Mailing Address
6320 SW 93 RD

City **MIAMI** State **FL** Zip Code **33173**

Date of Receipt
12/04/2009

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
25.00

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
25.00

C. BOZANTH ARLINA

Full Name (Last, First, Middle Initial)

Mailing Address
801 BRICKELL BAY DR

City **MIAMI** State **FL** Zip Code **33131**

Date of Receipt
12/09/2009

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
30.00

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
30.00

SUBTOTAL of Receipts This Page (optional).....▶ **80.00**

TOTAL This Period (last page this line number only).....▶

10030234192

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Full Name (Last, First, Middle Initial) CORRADINO DANIEL		Date of Receipt 12/09/2009
Mailing Address 17420 SW 117 AVE		Amount of Each Receipt this Period 25.00
City MIAMI	State Zip Code FL 33177	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 25.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) MANCINI JOSEPH		Date of Receipt 12/09/2009
Mailing Address P.O. BOX 402032		Amount of Each Receipt this Period 30.00
City MIAMI BEACH	State Zip Code FL 33140	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 30.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) SIMONHUFF ELIZABETH		Date of Receipt 12/09/2009
Mailing Address 3503 WILLOW CIRCLE		Amount of Each Receipt this Period 60.00
City MIAMI	State Zip Code FL 33133	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 60.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	115.00
TOTAL This Period (last page this line number only).....	

10030234193

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

Full Name (Last, First, Middle Initial) A. Rodriguez Chris		Date of Receipt 12/09/2009
Mailing Address 208 SW 103 AVE		Amount of Each Receipt this Period 25.00
City MIAMI	State Zip Code FL 33128	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) B. Zayas AIDA		Date of Receipt 12/09/2009
Mailing Address 6341 SW 35 ST		Amount of Each Receipt this Period 15.00
City MIAMI	State Zip Code FL 33155	
FEC ID number of contributing federal political committee. C		
Name of Employer REPUBLICAN PARTY	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00	

Full Name (Last, First, Middle Initial) C. Zayas AIDA		Date of Receipt 12/09/2009
Mailing Address 6341 SW 35 ST		Amount of Each Receipt this Period 25.00
City MIAMI	State Zip Code FL 33155	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

10030234194

(7)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. ARIZURTA LUIS
 Full Name (Last, First, Middle Initial)
 Mailing Address: **8230 NW 163 ST**
 City: **MIAMI LAKES** State: **FL** Zip Code: **33016**
 Date of Receipt: **12/14/2009**
 Amount of Each Receipt this Period: **3000**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **RETIRED** Occupation:
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date: **3000**

B. CASTELLON MARIA
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4621 SW 104 CT**
 City: **MIAMI** State: **FL** Zip Code: **33165**
 Date of Receipt: **12/14/2009**
 Amount of Each Receipt this Period: **5000**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date: **5000**

C. D'ANCE MADELIN
 Full Name (Last, First, Middle Initial)
 Mailing Address: **11755 SW 18 ST**
 City: **MIAMI** State: **FL** Zip Code: **33175**
 Date of Receipt: **12/14/2009**
 Amount of Each Receipt this Period: **3000**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date: **3000**

SUBTOTAL of Receipts This Page (optional)..... **38000**
TOTAL This Period (last page this line number only).....

10030234195

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) REPUBLICAN PARTY OF MIAMI DADE COUNTY	
Full Name (Last, First, Middle Initial) A. ESPINO DANIEL	
Mailing Address 289 LAUREL WAY	Date of Receipt 12/14/2009
City MIAMI SPRINGS State FL Zip Code 33166	Amount of Each Receipt this Period 5000
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000
Full Name (Last, First, Middle Initial) B. FREYER ARTHUR	
Mailing Address 640 QUAIL AVE	Date of Receipt 12/14/2009
City MIAMI SPRINGS State FL Zip Code 33166	Amount of Each Receipt this Period 2500
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500
Full Name (Last, First, Middle Initial) C. GARCIA NANCY	
Mailing Address 27301 SW 167 AVE	Date of Receipt 12/14/2009
City MIAMI State FL Zip Code 33031	Amount of Each Receipt this Period 6000
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000
SUBTOTAL of Receipts This Page (optional)..... ▶	
TOTAL This Period (last page this line number only)..... ▶	
13500	

10030234196

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. GAVIRIA JENNIFER
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2965 WESTBROOK**
 City: **WESTON** State: **FL** Zip Code: **33332**
 Date of Receipt: **12/14/2009**
 Amount of Each Receipt this Period: **6000**
 Aggregate Year-to-Date: **6000**
 Receipt For: Primary General Other (specify)
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:

B. HERNANDEZ NATALIE
 Full Name (Last, First, Middle Initial)
 Mailing Address: **6620 SW 12 ST**
 City: **MIAMI** State: **FL** Zip Code: **33144**
 Date of Receipt: **12/14/2009**
 Amount of Each Receipt this Period: **5500**
 Aggregate Year-to-Date: **5500**
 Receipt For: Primary General Other (specify)
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:

C. IRIZARRY RICARDO
 Full Name (Last, First, Middle Initial)
 Mailing Address: **9405 W 16 AVE**
 City: **HALEAH** State: **FL** Zip Code: **33014**
 Date of Receipt: **12/14/2009**
 Amount of Each Receipt this Period: **5000**
 Aggregate Year-to-Date: **5000**
 Receipt For: Primary General Other (specify)
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:

SUBTOTAL of Receipts This Page (optional)..... **16500**
TOTAL This Period (last page this line number only).....

10030234197

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

Full Name (Last, First, Middle Initial) A. Jones Lois		Date of Receipt 12/14/2009
Mailing Address 2408 SAN REMO CIR		Amount of Each Receipt this Period 3000
City HOMERSTAD	State FL Zip Code 33035	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NEWMAN SUSAN		Date of Receipt 12/14/2009
Mailing Address 2835 FAIRWAYS DR		Amount of Each Receipt this Period 6000
City HOMERSTAD	State FL Zip Code 33035	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 6000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ADYKULA Michael		Date of Receipt 12/14/2009
Mailing Address 18482 SW 89 PL		Amount of Each Receipt this Period 2500
City MIAMI	State FL Zip Code 33157	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	11500
TOTAL This Period (last page this line number only).....▶	

10030234198

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Full Name (Last, First, Middle Initial)
PEREZ LUIS

Mailing Address
2411 SW 134 AVE

City **MIAMI** State **FL** Zip Code **33175**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
5000

Date of Receipt
12/14/2009

Amount of Each Receipt this Period
5000

B. Full Name (Last, First, Middle Initial)
ROTH LAWRENCE

Mailing Address
1711 SAN REMO CIR

City **HOMESTEAD** State **FL** Zip Code **33035**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
6000

Date of Receipt
12/14/2009

Amount of Each Receipt this Period
6000

C. Full Name (Last, First, Middle Initial)
WILSON SHARON

Mailing Address
1632 S BAYSHORE DR # 302

City **MIAMI** State **FL** Zip Code **33133**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
5000

Date of Receipt
12/14/2009

Amount of Each Receipt this Period
5000

SUBTOTAL of Receipts This Page (optional).....▶ **16000**

TOTAL This Period (last page this line number only).....▶

10030234199



**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Full Name (Last, First, Middle Initial)
CONCEPCION DAVID

Mailing Address
240 W 61 ST

City **HIALAH** State **FL** Zip Code **33012**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
5000

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
RANK JUN

Mailing Address
196 NE 88 ST

City **MIAMI** State **FL** Zip Code **33138**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
2500

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
WEBSTER RICHARD

Mailing Address
6241 SW 78 ST # 211

City **S MIAMI** State **FL** Zip Code **33143**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
2500

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
2500

SUBTOTAL of Receipts This Page (optional).....▶ **7500**

TOTAL This Period (last page this line number only).....▶

10030234200

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Full Name (Last, First, Middle Initial)
NAVARRO LUISA

Mailing Address
11059 NW 4 ST

City **MIAMI** State **FL** Zip Code **33172**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
NUNEZ ZAIARA

Mailing Address
880 SW 128 AVE

City **MIAMI** State **FL** Zip Code **33175**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
FURTICH JESSICA

Mailing Address
8818 NW 189 TRN

City **MIAMI** State **FL** Zip Code **33018**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
2500

SUBTOTAL of Receipts This Page (optional)..... **60.00**

TOTAL This Period (last page this line number only).....

10030234201

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Full Name (Last, First, Middle Initial)
CRUZ JANELL

Mailing Address
8568 NW 169 TRN

City **MIAMI CATCHES** State **FL** Zip Code **33014**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
LYONS PAUL

Mailing Address
1632 S Bayshore DR A 313

City **MIAMI** State **FL** Zip Code **33133**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
6000

C. Full Name (Last, First, Middle Initial)
NEREN AUFIRSTON

Mailing Address
166 NE 54 ST

City **MIAMI** State **FL** Zip Code **33137**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
6000

SUBTOTAL of Receipts This Page (optional)..... **14500**

TOTAL This Period (last page this line number only).....

10030234202

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. Full Name (Last, First, Middle Initial) **VAZQUEZ ELIA**

Mailing Address **2854 SW 69 AVE**

City **MIAMI** State **FL** Zip Code **33155**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000**

Date of Receipt **12/23/2009**

Amount of Each Receipt this Period **3000**

B. Full Name (Last, First, Middle Initial) **LIL ALEXANDER**

Mailing Address **942 SW 151 PL**

City **MIAMI** State **FL** Zip Code **33199**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6000**

Date of Receipt **12/23/2009**

Amount of Each Receipt this Period **6000**

C. Full Name (Last, First, Middle Initial) **VACARER LUIS**

Mailing Address **15575 SW 112 WAY**

City **MIAMI** State **FL** Zip Code **33186**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt **12/23/2009**

Amount of Each Receipt this Period **5500**

SUBTOTAL of Receipts This Page (optional).....▶ **14500**

TOTAL This Period (last page this line number only).....▶

10030234203

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI, DADE COUNTY

A. Full Name (Last, First, Middle Initial)
PLATZ NIREN

Mailing Address
2774 W 74 ST

City **MIAMI** State **FL** Zip Code **33016**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000

Date of Receipt
12/23/2009

Amount of Each Receipt this Period
6000

B. Full Name (Last, First, Middle Initial)
SUBBELLO CARLOS

Mailing Address
8770 SW 72 ST #355

City **MIAMI** State **FL** Zip Code **33173**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. SENATE Aide

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Date of Receipt
12/04/2009

Amount of Each Receipt this Period
25000

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **31000**

TOTAL This Period (last page this line number only).....▶ **2292000**

10030234204

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
REPUBLICAN PARTY OF MIAMI DADE COUNTY

A. **WATCHOVIA BANK**

Full Name (Last, First, Middle Initial)

Mailing Address: **13700 SW 88 ST**

City: **MIAMI** State: **FL** Zip Code: **33186**

Purpose of Disbursement: **CHECK PRINTING**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **11/18/2009**

Amount of Each Disbursement this Period: **80.32**

Category/Type: _____

B. **CORREOSO JAVIER**

Full Name (Last, First, Middle Initial)

Mailing Address: **8831 SW 58 ST MIAMI FL 33173**

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: **REIMBURSEMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **12/10/2009**

Amount of Each Disbursement this Period: **10000**

Category/Type: _____

C. _____

Full Name (Last, First, Middle Initial)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **180.32**

TOTAL This Period (last page this line number only).....▶ **180.32**

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J. W.
PREPARER

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