

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

**RECEIVED**  
OFFICE USE ONLY

APR 06 2005

CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

(1) Name D. C. BLUE  
155 N.W. 125 ST.  
NORTH MIAMI, FL 33166  
786-487-7436

(2) Address (number and street) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es): Council Four

- Candidate (office sought): Council Four
- 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 1 / 12 / 05 To 4 / 1 / 05 Report Type \_\_\_\_\_

- Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ \_\_\_\_\_

Loans                    \$ 313

Total Monetary        \$ \_\_\_\_\_

In-Kind                 \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 222

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary            \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 313

(10) TOTAL Monetary Expenditures To Date  
\$ 222

**(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) Delawrence Blue

- Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X** Delawrence Charles Blue  
Signature

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

(Type name) Delawrence Blue

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

**X** Delawrence Charles Blue  
Signature

**CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS**

(1) Name     *B* D. C. BLUE     (2) I.D. Number                       
155 N.W. 125 ST.  
NORTH MIAMI, FL 33168  
786-487-7436  
(3) Cover Period 1 / 12 / 05 through 4 / 1 / 05 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 / 12 / 05	<i>B</i> D. C. BLUE 155 N.W. 125 ST. NORTH MIAMI, FL 33168 786-487-7436			LOA			50
3 / 28 / 05	<i>B</i> D. C. BLUE 155 N.W. 125 ST. NORTH MIAMI, FL 33168 786-487-7436			LOA			216
3 / 29 / 05	<i>B</i> D. C. BLUE 155 N.W. 125 ST. NORTH MIAMI, FL 33168 786-487-7436			LOA			47
/ /							
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DS-DE 13 (Rev. 08/03)

**RECEIVED**

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

APR 06 2005

CITY OF NORTH MIAMI  
CITY CLERKS OFFICE



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

OFFICE USE ONLY

**RECEIVED**

APR 19 2005

CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

(1) D.C. BLUE  
Name

(2) 155 NW 125 St  
Address (number and street)

NORTH MIAMI FL 33168  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): City Council #4

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 4/1/05 To 4/15/05 Report Type \_\_\_\_\_

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ 30<sup>00</sup>

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 27<sup>24</sup>

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 343<sup>00</sup>

(10) TOTAL Monetary Expenditures To Date  
\$ 249<sup>24</sup>

**(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.

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

(Type name) Delawrence Blue

(Type name) Delawrence Blue

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

**X** Delawrence C. Blue  
Signature

**X** Delawrence C. Blue  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name D. C BLUE (2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 / 05 through 4 / 15 / 05 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1 / 1	D. C. BLUE 153 NW 125 St. N. Miami FL 33168		Accountant	LOA			30 <sup>00</sup>
4							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

**RECEIVED**  
APR 19 2005  
CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name D.C. BLUE

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 4/1/05 through 4/15/05

(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
1/1 2002	Board of County Commissioners Doral, FL	CD ROM	MON		\$27.24
1/1		<b>RECEIVED</b>			
1/1					
1/1		APR 19 2005			
1/1		CITY OF NORTH MIAMI CITY CLERKS OFFICE			
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DELAWARE CHARLES BLUE  
Name  
(2) 155 NW 125 ST.  
Address (number and street)  
North Miami, FL. 33168  
City, State, Zip Code

OFFICE USE ONLY

**RECEIVED**  
MAY 05 2005  
CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: CITY COUNCIL #4

(4) Check appropriate box(es):  
 Candidate (office sought): CITY COUNCIL #4  
 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 4 / 16 / 2005 To 5 / 5 / 2005 Report Type \_\_\_\_\_

Original     Amendment     Special Election Report     Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks    \$ 0

Loans    \$ 0

Total Monetary    \$ 0

In-Kind    \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures    \$ 0

Transfers to Office Account    \$ 0

Total Monetary    \$ 0

(8) Other Distributions  
\$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 343

(10) TOTAL Monetary Expenditures To Date  
\$ 249.39

(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) DELAWARE CHARLES BLUE

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

Delaware Charles Blue  
Signature

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

(Type name) DELAWARE CHARLES BLUE

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

Delaware Charles Blue  
Signature

## INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT SUMMARY

<p>(1) Type full name of candidate, political committee, committee of continuous existence, party executive committee, or individual or organization filing an electioneering communication report.</p>																			
<p>(2) Type the address (include city, state, and zip code). You may use a post office box. If the address has changed since the last report filed, check the appropriate box.</p>																			
<p>(3) Type identification number assigned by the Division of Elections.</p>																			
<p>(4) Check one of the appropriate boxes:  Candidate (type office sought - include district, circuit, or group numbers)  Political Committee  Committee of Continuous Existence  Party Executive Committee  Electioneering Communication</p> <p>If PC or CCE has disbanded and will no longer file reports, check appropriate box.  If individual or organization will no longer file electioneering communication reports, check appropriate box.</p>																			
<p>(5) Type the cover period dates (e.g., From <u>07/01/03</u> To <u>09/30/03</u>)  Enter the report type using one of the following abbreviations (see <i>Calendar of Election and Reporting Dates</i>). If report is for a <b>special election</b>, add "S" in front of the report code (e.g., SG3).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 50%; text-align: center;">Quarterly Reports</th> <th style="width: 50%; text-align: center;">General Election Reports</th> </tr> <tr> <td>January Quarterly ..... Q4</td> <td>46<sup>th</sup> Day Prior ..... G1</td> </tr> <tr> <td>April Quarterly ..... Q1</td> <td>32<sup>nd</sup> Day Prior ..... G2</td> </tr> <tr> <td>July Quarterly ..... Q2</td> <td>18<sup>th</sup> Day Prior ..... G3</td> </tr> <tr> <td>October Quarterly ..... Q3</td> <td>4<sup>th</sup> Day Prior ..... G4</td> </tr> <tr> <th style="text-align: center;">Primary Reports</th> <th style="text-align: center;">90-Day Termination Reports (Candidates Only)</th> </tr> <tr> <td>32<sup>nd</sup> Day Prior ..... F1</td> <td>Termination Report ..... TR</td> </tr> <tr> <td>18<sup>th</sup> Day Prior ..... F2</td> <td></td> </tr> <tr> <td>4<sup>th</sup> Day Prior ..... F3</td> <td></td> </tr> </table>		Quarterly Reports	General Election Reports	January Quarterly ..... Q4	46 <sup>th</sup> Day Prior ..... G1	April Quarterly ..... Q1	32 <sup>nd</sup> Day Prior ..... G2	July Quarterly ..... Q2	18 <sup>th</sup> Day Prior ..... G3	October Quarterly ..... Q3	4 <sup>th</sup> Day Prior ..... G4	Primary Reports	90-Day Termination Reports (Candidates Only)	32 <sup>nd</sup> Day Prior ..... F1	Termination Report ..... TR	18 <sup>th</sup> Day Prior ..... F2		4 <sup>th</sup> Day Prior ..... F3	
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32 <sup>nd</sup> Day Prior ..... F1	Termination Report ..... TR																		
18 <sup>th</sup> Day Prior ..... F2																			
4 <sup>th</sup> Day Prior ..... F3																			
<p>Check one of the appropriate boxes:  Original (first report filed for this reporting period)  Amendment (an amendment to a previously filed report)  Special Election Report  Independent Expenditure Report (see Section 106.071, F.S.)</p>																			
<p>(6) Type the amount of all contributions this report:  Cash &amp; Checks  Loans  Total Monetary (sum of Cash &amp; Checks and Loans)  In-kind (a fair market value must be placed on the contribution at the time it is given)</p>																			
<p>(7) Type the amount of all expenditures this report:  Monetary Expenditures  Transfers to Office Account (elected candidates only)  Total Monetary (sum of Monetary Expenditures and Transfers to Office Account)</p>																			
<p>(8) Type the amount of other distributions (goods &amp; services contributed to a candidate or other committee by a PC, CCE or PTY).</p>																			
<p>(9) Type the amount of TOTAL monetary contributions to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).</p>																			
<p>(10) Type the amount of TOTAL monetary expenditures to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).</p>																			
<p>(11) Type or print the required officer's name and have them sign the report:  Candidate report (treasurer &amp; candidate must sign)  PC report (treasurer &amp; chairperson must sign)  CCE report (treasurer must sign)  PTY report (treasurer &amp; chairperson must sign)  Electioneering Communication report (individual or organization's treasurer &amp; chairperson must sign)</p>																			
<p><b>AMENDMENT REPORTS:</b> An amendment report summary should summarize only contributions, expenditures, distributions, &amp; fund transfers being reported as additions or deletions. Read the instructions for the sequence number &amp; amendment type fields on the back of forms DS-DE 13, 14, 14A and 94. The Division will summarize all reports submitted for each reporting period and for the filer to date.</p>																			



**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name DELANRENCE C. BLUE (2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 16 / 05 through 5 / 5 / 05 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
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**RECEIVED**  
MAY 05 2005  
CITY OF NORTH MIAMI  
CITY CLERKS OFFICE

## INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Type candidate's full name or name of the political committee (PC), committee of continuous existence (CCE) or party executive committee (PTY).
- (2) Type the identification number assigned by the Division of Elections.
- (3) Type cover period dates (e.g., 7/1/03 through 9/30/03). (See *Calendar and Election Dates* for appropriate year and cover periods.)
- (4) Type page numbers (e.g., 1 of 3).
- (5) Type date contribution was RECEIVED (Month/Day/Year).

- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the Division and for reporting amendments.

For example, a Q1 report having 75 contributions would use sequence numbers 1 through 75. The next report (Q2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended Q1 reports would begin with sequence number 76 and on amended Q2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.

- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:

**Individual** = I  
**Business** = B (also includes corporations, organizations, groups, etc.)  
**Committees** = C (includes PC's, CCE's and federal committees)  
**Political Parties** = P (includes federal, state and county executive committees)  
**Other** = O (e.g., candidate surplus funds to party, etc.)

Type occupation of contributor for contributions over \$100 only. (If a business, please indicate nature of business.)

- (9) Enter Contribution Type using one of the following codes:

**NOTE: Cash includes cash and cashier's checks.**

DESCRIPTION	CODE
Cash	CAS
Check	CHE
In-kind	INK
Interest	INT
Loan	LOA
Membership dues	DUE
Refund	REF

- (10) Type the description of any in-kind contribution received.  
**Candidate's Only** – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".
- (11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.  
 The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original Q1 report that had 75 contributions, means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original Q2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.  
 To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.
- (12) Type amount of contribution received. **Committees of continuous existence ONLY:** Any contribution which represents the payment of dues by a member in a fixed amount pursuant to the schedule on file with the Division of Elections need only list the aggregate amount of such contribution, together with the number of members paying such dues and the amount of membership dues.

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name DELAWARE C. BLUE (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 4, 16, 05 through 5, 5, 05 (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
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**RECEIVED**  
 MAY 05 2005  
 CITY OF NORTH MIAMI  
 CITY CLERKS OFFICE

## INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

- (1) Type candidate's full name or name of the political committee (PC), committee of continuous existence (CCE) or party executive committee (PTY).
- (2) Type identification number assigned by the Division of Elections.
- (3) Type cover period dates (07/01/03 through 09/30/03). (See *Calendar and Election Dates* for appropriate cover periods.)
- (4) Type page numbers (e.g., 1 of 3).
- (5) Type date of expenditure (Month/Day/Year).

- (6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the Division and for reporting requirements.

For example, a Q1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (Q2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended Q1 reports would begin with sequence number 41 and on amended Q2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

- (7) Type full name and address of entity receiving payment (including city, state and zip code).
- (8) Type purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE:** This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates), CCEs and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).
- (9) Enter Expenditure Type using one of the following codes:

DESCRIPTION	CODE
Disposition of Funds (Candidate)	DIS
Monetary	MON
Petty Cash Withdrawn	PCW
Petty Cash Spent	PCS
Transfer to Office Account	TOA
Refund	REF

- (10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original Q1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

- (11) Type amount of expenditure.