

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

(1) Audrey M. Edmonson

**Name**

(2) 295 NE 88 Street, El Portal, FL 33138

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

Candidate (office sought): County Commission 03

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 1/1/2008 To 3/31/2008 Report Type Q1-08

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 5,500.00

Loans    \$ 0.00

Total Monetary    \$ 5,500.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 0.00

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 0.00

(8) Other Distributions    \$ 0.00

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

\$ 41,500.00

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

\$ 30.48

**(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)

(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Audrey M. Edmonson (2) I.D. Number 571  
 1/1/2008 3/31/2008  
 (3) Cover Period      /      /      through      /      /      (4) Page 1 of 2

(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
3/4/2008 / /	Golden II Associates, 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
1							
3/4/2008 / /	Golden Associates, Ltd., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
2							
3/4/2008 / /	Eagle's Landing Assoc., Ltd., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
3							
3/4/2008 / /	Crossings @ University Assoc., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
4							
3/6/2008 / /	Hibiscus Pointe Associates, 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
5							
3/6/2008 / /	Eagle's Pointe Assoc., Ltd., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
6							
3/4/2008 / /	Park View estates, Ltd., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
7							
3/4/2008 / /	Baywinds Associates, Ltd., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Audrey M. Edmonson (2) I.D. Number \_\_\_\_\_

1/1/2008 3/31/2008

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 2 of 2

(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
3/4/2008 / /	Villa Esperanza Assoc., Ltd., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
9							
3/4/2008 / /	Mabrisa Associates, Ltd., 2121 Ponce de Leon Blvd PH Coral Gables, FL 33134	B	developers	CH			\$500.00
10							
2/18/2008 / /	Dade County Fire Fighters, 8000 NW 21 Street Suite 222 Miami, FL 33122	O	fire fighters	CH			\$500.00
11							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Audrey M. Edmonson

(2) I.D. Number 571

(3) Cover Period 1/1/2008 through 3/31/2008

(4) Page 1 of 0

(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					
// /					
// /					
// /					
// /					
// /					
// /					