

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

(1) Erhabor Ighodaro
Name
(2) P.O. Box 540711
Address (number and street)
Opa-Locka, FL 33054
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 588

(4) Check appropriate box(es):

- Candidate (office sought): School Board District 1
- 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 10/1/2007 To 12/31/2007 Report Type Q4-07

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4.52

Transfers to Office Account \$ 0.00

Total Monetary \$ 4.52

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 5,655.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,645.85

(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.

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(Type name) _____
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Erhabor Ighodaro (2) I.D. Number 588

10/1/2007 through 12/31/2007

(3) Cover Period / / through / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Erhabor Ighodaro

(2) I.D. Number 588

(3) Cover Period 10/1/2007 through 12/31/2007

(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
11/21/2007 / /	Bee Jay Printing, 1543 N.E. 164 Street N. Miami Beach, FL 33162	printing	MO	Delete	\$64.50
1					
11/21/2007 / /	Bee Jay Printing, 1543 N.E. 164 Street N. Miami Beach, FL 33162	printing	MO	Add	\$69.02
2					
/ /					
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