

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

(1) Darrin P. Gayles

OFFICE USE ONLY 375

Name

(2) 1351 NW 12th Street, 5th floor, Miami, FL 33125

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 Court Judge Group 25

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 10/1/2005 To 12/31/2005 Report Type Q4-05

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 \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 49,362.00

(10) TOTAL Monetary Expenditures To Date

\$ 966.03

(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 Darrin P. Gayles (2) I.D. Number 375
 10/1/2005 through 12/31/2005
 (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
11/2/2005 / /	Collins, Michael E. 1729 Felwood St Ft. Washington, MD 207440000	I chief of staff	CH		Delete	\$250.00
1						
11/2/2005 / /	Potts, LeRoy G. 429 N. St., SW Apt. S-708 Washington, DC 200240000	I gov't. employee	CH		Delete	\$101.00
2						
11/2/2005 / /	King, Kenneth 99 Rhode Island Ave., NE Washington, DC 200020000	I administr ator	CH		Delete	\$200.00
3						
11/2/2005 / /	Collins, Michael E. 1729 Felwood St. Ft. Washington, MD 207440000	I congressm us an lewis	CH		Add	\$250.00
4						
11/2/2005 / /	Potts, LeRoy G. Apt. S-708 429 N. St., SW Washington, DC 200240000	I analyst, state dept	CH		Add	\$101.00
5						
11/2/2005 / /	King, Kenneth 99 Rhode Island Ave., NE Washington, DC 200020000	I minister/ social work	CH		Add	\$200.00
6						
11/11/2005 / /	Hyer, Lawrence R. 2575 Lake Ave Miami Beach, FL 331400000	I investor	CH		Delete	\$150.00
7						
11/11/2005 / /	Hyer, Lawrence R. 2575 Lake Ave. Miami Beach, FL 331400000	I real estate investor	CH		Add	\$150.00
8						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Darrin P. Gayles (2) I.D. Number _____

10/1/2005 12/31/2005

(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		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
11/21/2005 / /	Agble, Neil T. 625 East 11th St A4 New York, NY 100090000	I	managing director	CH		Delete	\$250.00
9							
11/21/2005 / /	Agble, Neil T. 625 East 11th St. A4 New York, NY 100090000	I	mgr direc publish co	CH		Add	\$250.00
10							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Darrin P. Gayles

(2) I.D. Number 375

(3) Cover Period 10/1/2005 through 12/31/2005

(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					
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