FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Bonnie Lano Rippingille Name	OFFICE USE ONLY 381							
(2) P.M. Box 223, 5783 SW 40th Street, Miami	, FL 33155							
Address (number and street)								
City, State, Zip Code								
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es): X Candidate (office sought): County Court J								
☐ 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	12/4/2006 / Report Type TRF-0							
☐ Original	Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$ 100.00							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 100.00							
In-Kind \$								
	(8) Other Distributions							
	\$							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$ 257,440.00	\$257,415.35_							
(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 election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Bonnie Lano Ripping	ille	<u> </u>	Z) I.D. Numbe	3	881	
	9/1/2006			12/4/2006			
(3) Cover Perio	od / /	through	1 1	(4) Pag	e ¹	of ⁰	
105 Z	70		_ 1		93 93 <u></u>		
(5)	(7)	(8)	(9)	(10)	(11)	(12)	
Date	Full Name	(6)	(0)	(10)	(1.1)	(12)	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contributor	Contribution	In-kind			
Number	City, State, Zip Code		North North Control of the Control o	Description	Amendment	Amount	
Number	City, State, Zip Code	Type Occupation	n Type	Description	Amendment	Amount	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _ Bo	nnie	Lano R	ippin	gille			 (2) I.D. Nun	nber		381	
		9/1/20	06		12/4/20	006	~ ~	-			
(3) Cover Per	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/16/2006	Rippingille, Bonnie L. 5783 S.W. 40th Street PMB 223 Miami, Fl 33155	candidate contribut ion return	МО	Delete	\$118,000.00
11/16/2006	Rippingille, Bonnie L. 5783 S.W. 40th Street PMB 223 Miami, Fl 33155	candidate contribut ion return	RE	Add	\$118,000.00
12/1/2006	Rippingille, Bonnie 5783 S.W. 40th Street PMB 223 Miami, Fl 33155	candidate contribut ion return	MO	Delete	\$2,766.57
12/1/2006	Rippingille, Bonnie 5783 S.W. 40th Street PMB 223 Miami, Fl 33155	candidate contribut ion return	RE	Add	\$2,766.57
9/6/2006	Rippingille, Bonnie L. 5783 S.W. 40th Street PMB 223 Miami, Fl 33155	stamps & envelopes	МО	Add	\$100.00
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DS-DE 14 (Rev.					