FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Peggy A. Stroker	OFFICE USE ONLY 492							
Name								
(2) 1351 NE Miami Gardens Drive, #1701E, Mia	mi, FL 33179							
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): Community Coun	cil 02/23							
☐ 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	Explainment of the state of the							
Cover Period: From	10/16/2006 / Report Type TRQ-C							
☑ Original ☐ Amendment ☐ Special Election	Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$160.00	Monetary Expenditures \$ 160.00							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 160.00							
In-Kind \$								
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$160.00_	\$160.00_							
(11) CERTIFICATION								
It is a first degree misdemeanor for any pers	on 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	Peggy A. Stroker			2) I.D. Numb	er	92
	7/1/2006		10/16/2006			
(3) Cover Peri	od / /	through	11	(4) Pag	ge	of $\frac{1}{}$
		2				
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind	0	
Number	City, State, Zip Code Stroker, Peggy A.	Type Occupat I candida		Description	Amendment	Amount \$160.00
7/14/2006	1351 NE Miami Gardens Drive		ICE CA			\$100.00
	#1701E					
1	Miami, FL 33179					
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _F	eggy	A.	Strol	ιer					 (2) I.D. Num	nber	4	192	
		7/	1/200	16		10/16	5/2006	5		-			
(3) Cover Pe	eriod		1	1	through	1	1		(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
10/1/2006	Stroker, Chastity 1351 NE Miami Gardens Dr Suite 1703E Miami, Fl 33179	reimburse ment for mailing, thank you notes, pictures	МО		\$60.00
7/14/2006	Board of County Commissioner, 2700 NW 87th Avenue Miami, FL 33172	qualifying fee	МО		\$100.00
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DS-DE 14 (Rev					