FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Cecilia Armenteros-Chavez				OFFICE U	JSE ONL	Y	
(2)	Name 46 S.W. 1 Street, 2 nd Floor							
\ - ,	Address (number and street) Miami, Fl. 33130						2006	क्यां हुं क्यां हुंचे
						الراجة الإسلام الراجة الإسلام	SEP	A CLASS
	City, State, Zip Code		<u></u>		-	TI-S	2	trate d
(4)	CHECK IF ADDRESS HAS CHANGED Check appropriate box(es):		(3)	ID Num	ıber:	463		
177	Candidate (office sought): Miami-Dade Cour	nty Cou	ırt Jud	lge, Grou	ıp 43	秀品	Ģ	e promp
	Political Committee [Committee of Continuous Existence [DISBANDE		ত	
	☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee							
	☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
	(5) REPORT				(EPOKIS	WILL BE	FILED	
(5) REPORT IDENTIFIERS Cover Period: From 09 / 1 06 To 09 / 15 / 06 Report Type G1-06								
Щο	Priginal ☐ Amendment ☐ Special Election				pendent E	•		ort
(6)	CONTRIBUTIONS THIS REPORT	(7)			RES THIS		•	
•	,	Monet	tary				•	
Cash	n & Checks \$	Expen	diture	s \$	o	81.50		···
Loan	s \$	Transf	fers to	Office				
		Accou		\$				
Total	Monetary \$	Total Monet	on,	\$	Q	31.50		
In-Kir	nd \$	MOHER	ary	Ψ	- 00	51.50	- Ay	
		(8) Other Distributions						
				\$		V		
(9) TOTAL Monetary Contributions To Date			TOT	AL Mone	etary Expe	enditure:	s To Da	ite
	\$ 20,505.00		\$		20,4	61.16		
(11) CERTIFICATION								
- ,	It is a first degree misdemeanor for any perso	on to fal	Isify a		·			
	ify that I have examined this report and it is true, ct, and complete.			I have ex complete	kamined th ∋.	is report	and it is	s true,
	Cecilia Armenteros-Chavez		e name	. (Cecilia An	menteros	s-Chave	z
	Individual (only for Treasurer \(\sum_{\text{D}} \) Deputy Treasurer ctioneering commun.)		andidat		Chairp	erson (only	for PC, PT	ΓΥ & "'`
X Old C. Cl			10) , ,		ing commun	i. Organizar	lon
Siç	gnature	Sigr	nature		<u> </u>	<u>, </u>		/

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES Cecilia Armenteros-Chavez (2) LD Number (1) Name 463 (2) I.D. Number (3) Cover Period <u>09 / 01 / 06</u> through <u>09 / 15 / 06</u> (4) Page ____1 ___ of __1 (7) (8) (9) (10) (11) (5) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Street Address & contribution to a Expenditure Sequence City, State, Zip Code candidate) Type Amount Number Amendment 09 /01 / 06 **Adware Graphics** Banners Mon \$481.50 35 N.W. 27 Avenue 1 Miami, Fl. 33125 **b**9 93 .06 **MV** Almer Productions Consultant Mon \$400.00 P.O. Box 398685 2 M. Bch., Fl. 33239

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