

**CAMPAIGN TO ELECT  
CECILIA ARMENTEROS-CHAVEZ  
FOR COUNTY COURT JUDGE, GROUP 43**

December 1, 2006

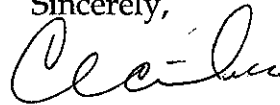
Maria Acosta  
Miami-Dade County Elections  
2700 N.W. 87<sup>th</sup> Avenue  
Miami, Florida 33172

Dear Ms. Acosta:

Please find enclosed my final Campaign Treasurer's Report TRF-06. You may recall that I recently contacted the Elections office and spoke with you regarding a check issued by my campaign that never cleared the account. Upon further inquiry with a representative of the payee (CABA - Cuban American Bar Association), I have placed a stop payment on the item. Per your suggestion I have reflected the amount as a credit on the schedule of itemized expenditures, in order to balance out the account. Please let me know if you require any further information or require an amendment to this report.

Also, please direct all future correspondence directly to me at: 46 S.W. 1<sup>st</sup> Street, 2<sup>nd</sup> Floor, Miami, Florida 33130. Thank you for your assistance throughout.....

Sincerely,



Cecilia Armenteros-Chavez

MIAMI-DADE  
ELECTIONS  
2006 DEC -4 AM 9:04

46 S.W. 1<sup>st</sup> Street • Second Floor • Miami, Florida 33130 • (786) 506-0756

Paid Political Advertisement by Cecilia Armenteros-Chavez Campaign. Approved by Cecilia Armenteros-Chavez

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

(1) Cecilia Armenteros-Chavez

Name

(2) 46 S.W. 1 Street, 2<sup>nd</sup> Floor

Address (number and street)  
Miami, Fl. 33130

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 463

(4) Check appropriate box(es):

Candidate (office sought): Miami-Dade County Court Judge, Group 43

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 / 14 / 06 To 12 / 04 / 06 Report Type TRF-06

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 28.84

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 28.84

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 20,505.00

(10) TOTAL Monetary Expenditures To Date

\$ 20,505.00

**(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.

Cecilia Armenteros-Chavez

(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Cecilia A. Chavez  
Signature

I certify that I have examined this report and it is true, correct, and complete.

Cecilia Armenteros-Chavez

(Type name)

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

**X** Cecilia A. Chavez  
Signature

OFFICE USE ONLY

MIAMI-DADE  
ELECTIONS

2006 DEC -14 AM 9:05

RECEIVED

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Cecilia Armenteros-Chavez (2) I.D. Number 463  
 (3) Cover Period 10 / 14 / 06 through 12 / 04 / 06 (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
(6) Sequence Number					
10 / 31 / 06 1	City National Bank 25 West Flagler St. Miami, Fl. 33130	Bank Maint. Fee	Mon		\$15.00
11 / 29 / 06 2	City National Bank 25 West Flagler St. Miami, Fl. 33130	Stop Payment for lost item- See letter attached to this report	Mon		(\$60.00)
11 / 29 / 06 3	Susan G. Komen Foundation 5005 LBJ Freeway Dallas, TX. 75244	Charitable	Mon		\$73.84
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

RECEIVED  
 MIAMI-DADE  
 ELECTIONS  
 2006 DEC -4 AM 9:05

**From:** "CORI LOPEZ-CASTRO" <CLC@kttlaw.com>  
**To:** <Cecilia@buckner-shifrin.com>  
**Date:** 11/9/2006 3:02:02 PM  
**Subject:** Follow Up Re: Judicial Luncheon

Can we just make it simple and just call it a day. Cancel the payment and close your account. We were honored you could make it.  
Cori

Corali ("Cori") Lopez-Castro, Esq.  
Kozyak Tropin & Throckmorton, P.A.  
2525 Ponce De Leon, 9th Floor  
Miami, Florida 33134  
(305) 372-1800 office  
(305) 372-3508 fax  
clc@kttlaw.com

\*\*\*\*\*

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(305) 347-1774 (phone)  
(305) 372-3508 (facsimile)

RECEIVED  
2006 DEC -4 AM 9:05  
MIAMI-DADE  
ELECTIONS

**STOP PAYMENT ORDER**FOR:  CHECK  ELECTRONIC FUND TRANSFER

DATE RECEIVED

11/29/2006

TIME RECEIVED

03:13 PM

TO: City National Bank of Florida  
25 West Flagler Street  
Miami, FL 33130FROM: Cecilia A. Chavez Campaign Account  
Cecilia Armenteros-Chavez, Treasurer  
1520 NW 93Rd Ave  
Pembroke Pines FL 33024-4562

0000001 MAIN OFFICE

("Financial Institution")

("You, Your or Customer")

ACCOUNT NUMBER

1003765122

HECK NUMBER / RANGE

1026

DATE OF CHECK OR TRANSFER

08/15/2006

CHECK OR TRANSFER AMOUNT

\$ 60.00

PAYABLE TO ("PAYEE")

Caba

TRANSFER AMOUNT WHEN WITHIN A RANGE

\$ to \$

REASON FOR STOP PAYMENT

Lost

The Stop Payment Order must describe the item or account with certainty and be received by an officer of Financial Institution during a banking day, and at a time and in a manner that affords Financial Institution a reasonable opportunity to act on it.

ORDER ENTERED BY

EDUARDO SANTAMARIA

DATE ENTERED

11/29/2006

TIME ENTERED

03:13 PM

FEE

\$

I have reviewed the above Stop Payment Order information and agree to the terms by signing below.

X  11/29/06  
 CUSTOMER SIGNATURE DATE

REQUEST  
 TAKEN   
 EDUARDO SANTAMARIA DATE

**STOP PAYMENT ORDER RELEASE**

This Stop Payment Order is released, withdrawn and cancelled, as of this date.

X  
 CUSTOMER SIGNATURE DATE

METHOD OF CONTACT:  letter/written  in person  verbal/oralPhrases preceded by a  are only applicable if the  is marked.

You have authorized, directed and requested the Financial Institution to stop payment on the check or electronic fund transfer ("transfer") described above.

**LIABILITY.** You agree to indemnify and hold the Financial Institution harmless from any and all claims, liabilities, costs and expenses, including, but not limited to, court costs and reasonable attorney fees, resulting from or growing out of the Financial Institution's refusal to pay the identified check or transfer. Financial Institution shall have no liability to You for the payment of the identified check or transfer contrary to this Stop Payment Order if the information provided, such as check number, dollar amount or account number, is not accurate. Financial Institution is not liable to you if it pays the identified check or transfer if the Financial Institution acted in good faith or exercised ordinary care. Any damages that You incur and which the Financial Institution may be liable for are limited to actual damages not to exceed the amount of the item.

**FEES.** You agree that Financial Institution may charge You the fee indicated for processing this Stop Payment Order, and such fee may be deducted from Your account. When the Stop Payment Order indicates a check, Financial Institution may charge You a similar fee for each renewal You make.

**CHECK STOP PAYMENT ORDERS:**

**EFFECTIVE PERIOD.** This Stop Payment Order shall be valid for a period of six months from the date it is made if signed by You, unless the Financial Institution has received a written revocation or a renewal request prior to the expiration of such period.

**NOTIFICATION.** You understand that if the Stop Payment Order comes too late for the Financial Institution to have a reasonable opportunity to act on it prior to accepting, certifying, paying, settling for, posting or becoming accountable for the check identified above, that this Stop Payment Order shall be of no effect.

**APPLICABLE LAWS.** This Stop Payment Order shall be governed by the provision of the Uniform Commercial Code in effect in the state in which Financial Institution is located.

**ELECTRONIC FUND TRANSFER STOP PAYMENT ORDERS:**

**DEFINITION.** An "Electronic Fund Transfer" ("transfer") means any transfer of funds that is initiated through an electronic terminal, telephone, computer, or magnetic tape for the purpose of ordering, instructing, or authorizing a financial institution to debit or credit an account.

**SCOPE.** A Stop Payment Order may be used for either a one-time preauthorized transfer or for recurring periodic transfers. The Stop Payment Order will suspend all subsequent payments for a recurring periodic transfer to the payee-originator until You notify Financial Institution that the recurring periodic transfer should resume.

**NOTIFICATION.** Financial Institution must receive a transfer Stop Payment Order, orally or in writing, at least three business days before a scheduled debit. If Financial Institution does not receive the required written confirmation within fourteen days of an oral notification, Financial Institution may honor subsequent debits to Your account for that payee-originator's transfer arrangement. To have transfers to the payee-originator identified in the Stop Payment Order resume, You must withdraw the Stop Payment Order in writing to Financial Institution at the address provided above. Your withdrawal will not be effective until Financial Institution receives it and has had a reasonable opportunity to act upon it.

**APPLICABLE LAWS.** This Stop Payment Order shall be governed by the provisions of the Electronic Fund Transfer (Regulation E) and any applicable state law.