

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

(1) Rosa C. Figarola
Name

(2) P. O. Box 1096
Address (number and street)

Miami, Florida 33101
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): County Court Judge - Group 16

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 01 / 01 / 2008 To 03 / 31 / 2008 Report Type Q1 - 08

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

\$ 10,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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.

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(Type name) Rosa C. Figarola

(Type name) Rosa C. Figarola

Individual (only for electioneering commu.) Treasurer Deputy Treasurer

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

Rosa C Figarola
Signature

Rosa C Figarola
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Rosa C. Figarola (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2008 through 03 / 31 / 2008 (4) Page 1 of 1

(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
/ /	None	-	-	-	-	-	-
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Rosa C. Figarola

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2008 through 03 / 31 / 2008

(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					
/ /	None	-	-	-	
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