

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

(1) Eli B. CUGAR
Name

(2) 670 NW 129 PLACE
Address (number and street)

MIAMI - FLA 33182
City, State, Zip Code

OFFICE USE ONLY

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(4) Check appropriate box(es):

Candidate (office sought): _____

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 2008 To 3 / 31 / 2008 Report Type Q1-08

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 800.00

Loans \$ _____

Total Monetary \$ 800.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ -800-

Transfers to Office Account \$ _____

Total Monetary \$ 800

(8) Other Distributions \$ 800.00

(9) TOTAL Monetary Contributions To Date
\$ 800

(10) TOTAL Monetary Expenditures To Date
\$ 800.00
CONTRIBUTIONS RETURNED, CAMPAIGN CLOSED

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>HENRY D. CASINO</u></p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X <u>[Signature]</u> Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>Eli B. CUGAR</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X <u>[Signature]</u> Signature</p>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ELI B. GESHAN Campaign Fund. (2) I.D. Number _____

(3) Cover Period 01/01/08 through 3/31/08 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
0, 0, 1 2 23 08	GUSTAVO Villalobos 16424 SW 82 nd Ter Miami 33143	I	Inventor	CWE			\$500 ⁰⁰
0, 0, 2 2 23 08	MARION GARCIA 10057 SW 126 th Miami FL 33176	I	Retired	CWE			\$300 ⁰⁰
1	/	/	/	/	/	/	/
1	/	/	/	/	/	/	/
1	/	/	/	/	/	/	/
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ELI B. BOBAY (2) I.D. Number _____
 (3) Cover Period 01/01/08 through 03/31/08 (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					
3/23/08	CUSIARO Viktor 16424 SW 42 Ave Miami, FL 33143	repaid contribution	MON		\$500
1					
3/23/08	MARI A. GARCIA 10157 SW 120 St Miami, FL 33176	repaid contribution	MON		\$300
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

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