

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

OFFICE USE ONLY

RECEIVED  
 2006 APR 11 PM 12:42  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

(1) CITIZENS AGAINST CUTLER  
 Name RIDGE INCORPORATION  
 (2) 18552 SW 89 PLACE  
 Address (number and street)  
MIAMI, FL 33157  
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): \_\_\_\_\_

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 11/04/05 To 12/31/05 Report Type Q4-05

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 25.00

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

Total Monetary \$ 25.00

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0

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

Total Monetary \$ 0

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

(9) TOTAL Monetary Contributions To Date  
 \$ 1,995.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 1,806.83

**(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.

(Type name) JoAnn Bova

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** JoAnn Bova  
 Signature

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

(Type name) Eduardo Wolmers

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

**X** Eduardo Wolmers  
 Signature

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

(1) Name CITIZENS AGAINST CUTLER RIDGE (2) INCORPORATION I.D. Number \_\_\_\_\_

(3) Cover Period 11 1 04 1 05 through 12 31 105 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10, 27, 05	BARBARA PENROD 10370 SW 220 STREET MIAMI, FL 33190	I	COUNTY PARK EMPLOYEE	CHE		DEL	200.00
DEL (2)							
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