

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

(1) Friends of Miami-Dade College
 Name
 (2) 1001 Brickell Bay Drive 9th Floor
 Address (number and street)
Miami, FL 33131-0000
 City, State, Zip Code

OFFICE USE ONLY

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT
 2006 AUG 29 PM 9:53

Check box if address has changed

(3) I.D. Number: 00000

(4) Check appropriate box(es):

- | | |
|--|---|
| <input type="checkbox"/> Candidate (office sought): _____ | <input type="checkbox"/> Check if PC has DISBANDED |
| <input checked="" type="checkbox"/> Political Committee | <input type="checkbox"/> Check if CCE has DISBANDED |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check if no other electioneering communication reports will be filed |
| <input type="checkbox"/> Party Executive Committee | |
| <input type="checkbox"/> Electioneering Communication | |

(5) REPORT IDENTIFIERS

Cover Period: From 07/29/2006 To 08/11/2006 Report Type: F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	<u>\$0.00</u>
Loans	<u>\$0.00</u>
Total Monetary	<u>\$0.00</u>
In-Kind	<u>\$0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	<u>\$0.00</u>
Transfers to Office Account	<u>\$0.00</u>
Total Monetary	<u>\$0.00</u>
(8) Other Distributions	<u>\$0.00</u>

(9) TOTAL Monetary Contributions to Date

\$442,032.42

(10) TOTAL Monetary Expenditures to Date

\$126.35

(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

Ed S. Torgas

- Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
 Signature

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

Louis Wolfson

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

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Friends of Miami-Dade College (2) I.D. Number 00000

(3) Cover Period 07/29/2006 - 08/11/2006 (4) Page 0 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
	Nothing to report on this form						

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