FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Citizens Against Cutter Ride Name Incorpor (2) 18552 SW 89 Place Address (number and street) Miami, FU 33157 City, State, Zip Code	office use only ation 2006 JAN 17 PM 1: 02 MIAMI-DADE ELECTIONS				
CHECK IF ADDRESS HAS CHANGED (3) ID Number: (4) Check appropriate box(es): Candidate (office sought): Political Committee CHECK IF PC HAS DISBANDED 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 // / 04 / 05 To 0/ / /0 / 06 Report Type 24 Original Amendment Special Election Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ 235,00 Loans \$	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$ 524,30 Transfers to Office Account \$ Total Monetary \$ 524,30 (8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$/, 995,00	(10) TOTAL Monetary Expenditures To Date \$/806,83				
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name) JOANN BOVA Individual (only for electioneering commun.) X DANN BOVA Signature					

	INSTRUCTION FOR CAMPAIGN T	REASURER'S REPULL SUMMARY				
(1)	Type full name of candidate, political committee, committee of continuous existence, party executive committee, or individual or organization filing an electioneering communication flee of the continuous existence, party executive committee, or individual or organization filing an electioneering communication flee of the continuous existence, party executive committee, committee of continuous existence, party executive committee, or individual or organization filing an electioneering communication flee of the continuous existence, party executive committee, or individual or organization filing an electioneering communication flee of the continuous existence, party executive committee, or individual or organization filing an electioneering communication flee of the continuous existence, party executive committee, or individual or organization filing an electioneering communication flee of the continuous existence or the continuous existence					
(2)	Type the address (include city, state, and zip code). You may use a post office box. If the address has changed since the last report filed, check the appropriation of the last report filed, check the last report filed,					
(0)	The ideal services and the services are services and the services and the services and the services are services and the services and the services are services are services and the services are services are services and the services are services are services are services and the services are servic	on of Florting				
(3)	Type Identification number assigned by the Division	on of Elections.				
(4)	Check one of the appropriate boxes: Candidate (type office sought - include district, circuit, or group numbers) ELECTIONS Committee of Continuous Existence					
	Party Executive Committee					
	Electioneering Communication	anned cheek appropriate how				
	If PC or CCE has disbanded and will no longer file					
		ioneering communication reports, check appropriate box.				
(5)	Type the cover period dates (e.g., From <u>07/01/03</u>					
	Enter the report type using one of the following abbreviations (see <i>Calendar of Election and Reporting Dates</i>). If report is for a special election , add "S" in front of the report code (e.g., SG3).					
	Quarterly Reports	General Election Reports				
	y QuarterlyQ4	46 th Day PriorG1				
	uarterlyQ1 uarterlyQ2	32 nd Day Prior				
	er QuarterlyQ3	4 th Day PriorG4				
	Primary Reports					
	ay PriorF1	90-Day Termination Reports (Candidates Only)				
	y PriorF2 PriorF3	Termination ReportTR				
Check one of the appropriate boxes: Original (first report filed for this reporting period) Amendment (an amendment to a previously filed report) Special Election Report Independent Expenditure Report (see Section 106.071, F.S.)						
(6)	Type the amount of all contributions this report: Cash & Checks Loans Total Monetary (sum of Cash & Checks and Loans) In-kind (a fair market value must be placed on the contribution at the time it is given)					
(7)	Type the amount of all expenditures this report: Monetary Expenditures Transfers to Office Account (elected candidates only) Total Monetary (sum of Monetary Expenditures and Transfers to Office Account)					
(8)	Type the amount of other distributions (goods & services contributed to a candidate or other committee by a PC, CCE or PTY).					
(9)	Type the amount of TOTAL monetary contributions to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).					
(10)	Type the amount of TOTAL monetary expenditures to date (parties keep cumulative totals for 2 year periods at a time (e.g., 01/01/02 – 12/31/03). Candidates keep cumulative totals from the time the campaign depository is opened through the termination report).					
(11)	Type or print the required officer's name and have them sign the report: Candidate report (treasurer & candidate must sign) PC report (treasurer & chairperson must sign) CCE report (treasurer must sign) PTY report (treasurer & chairperson must sign)					

Electioneering Communication report (individual or organization's treasurer & chairperson must sign)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94. The Division will summarize all reports submitted for each reporting period and for the filer to date.

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Citizens Against Cutler Ridge</u> Inc, (2) I.D. Number							
	od <u>//</u> / <u>04</u> / <u>05</u>			$\overline{}$			of/_
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
	Bob+Marilyn Horne 20501 Marlin Rd., Miami, Fl		Cocapation	check_	- Coccinputor		25,00
10,27,05	Barbara Penrod 10370 SW 220 St. Miami, FL 33190	I	County Park Employee	Check	-		200.α
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Citizens Against Cutter Ridge (2) I.D. Number (3) Cover Period 11 104 05 through 01 10 10 (4) Page 1 of 1							
(3) Cover Perio	d <u>// /04/05</u> through <u>0/</u>	10,06 Inc.	,′ 4) Page)		
(5) Date (6) Sequence Number	(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)	(11) Amount		
11/08/05 1	Oceano Graphics p.O. BOX 970797 miami, FL 33197	signs	MON		524,30		
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