

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

(1) CITIZENS AGAINST CUTLER RIDGE

Name

INCORPORATION

(2) 18552 SW 89 PLACE

Address (number and street)

MIAMI, FL 33157

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(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

(3) ID Number: _____

OFFICE USE ONLY

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

(5) REPORT IDENTIFIERS

Cover Period: From 10 15 05 To 11 03 05 Report Type SCB-05

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 200.00

Loans \$ _____

Total Monetary \$ 200.00

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ _____

Total Monetary \$ 0

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1,770.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,282.53

(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 INCORPORATION (2) I.D. Number _____
 (3) Cover Period 10, 15, 05 through 11, 03, 05 (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
11, 02, 05	MARK GLASER 19630 WHISPERING PINES ROAD, MIAMI, FL 33157	I	SELF-EMPLOYED	CHE		ADD	300.00
ADD (4)			PERSONAL TRAINER				
10, 27, 05	BARBARA PERROD 10370 SW 220 STREET MIAMI, FL 33190	I	COUNTY PARK EMPLOYEE	CHE		ADD	200.00
ADD							
11, 02, 05	MARK GLASER 19630 WHISPERING PINES ROAD, MIAMI, FL	I	Self- employed	Check		DEL	300.00
4							
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