

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

(1) Committee for Recall of Miami-Dade Commissioners
 Name
 (2) 9400 S. Dadeland Blvd. Suite 110
 Address (number and street)
Miami, FL 33156-0000
 City, State, Zip Code

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 | |

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

(5) REPORT IDENTIFIERS

Cover Period: From 04/01/2007 To 06/30/2007 Report Type: Q2
 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>\$83.97</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

\$43,895.41

(10) TOTAL Monetary Expenditures to Date

\$43,840.84

(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

McHenry Hamilton

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

McHenry Hamilton
 Signature

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

Luis Sanchez

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

Luis Sanchez
 Signature

