

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

OFFICE USE ONLY

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 09/30/2006 To 10/13/2006 Report Type: G3  
 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>\$27.24</u>
Transfers to Office Account	<u>\$0.00</u>
Total Monetary	<u>\$27.24</u>
(8) Other Distributions	<u>\$0.00</u>

**(9) TOTAL Monetary Contributions to Date**

\$40,300.00

**(10) TOTAL Monetary Expenditures to Date**

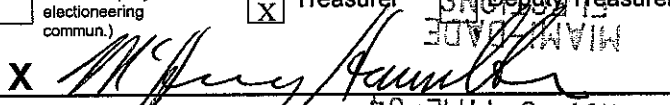
\$39,489.93

**(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  
  
 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)  
  
 Signature

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

(1) Name Committee for Recall of Miami-Dade Commissioners (2) I.D. Number 00000

(3) Cover Period 09/30/2006 - 10/13/2006 (4) Page 1 of 1

(5) Date	(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) Amendment	(11) Amount
10/10/2006	Board of County Commissioners 111 NW 1st Street Miami, FL 33128-0000	Copies	MON		\$ 27.24
000001					

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## CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

THIS FORM APPLIES TO POLITICAL COMMITTEES, COMMITTEES OF CONTINUOUS EXISTENCE AND PARTY EXECUTIVE COMMITTEES ONLY.

(1) Name Committee for Recall of Miami-Dade Commissioners (2) I.D. Number 00000  
 (3) Cover Period 09/30/2006 - 10/13/2006 (4) Page 0 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount
(6) Sequence Number	Nothing to report on this form				

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# CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Committee for Recall of Miami-Dade Commissioners (2) I.D. Number 00000

(3) Cover Period 09/30/2006 - 10/13/2006 (4) Page 0 of 0

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
Nothing to report on this form					

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