| FLORIDA DEPARTMENT OF STA | ATE DIVISION OF ELECTIONS VED | | | | |
|--|--|--|--|--|--|
| (1) Committee for Recall of Miami-Dade Commissioners | 2007 JAF PO USE PIZY 2 1 | | | | |
| Name (2) 9400 S. Dadeland Blvd. Suite 110 Address (number and street) Miami, FL 33156-0000 City, State, Zip Code | MIAMI-DADE ELECTIONS | | | | |
| Check box if address has changed | (3) I.D. Number: <u>00000</u> | | | | |
| Committee of Continuous Existence Party Executive Committee | eck if PC has DISBANDED eck if CCE has DISBANDED eck if no other electioneering communication reports will be filed | | | | |
| (5) REPORT I | DENTIFIERS | | | | |
| Cover Period: From 12/15/2006 To 12/31/2006 X Original Amendment Special Elec | | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT , | | | | |
| Cash & Checks\$0.00 | Monetary Expenditures \$0.00 | | | | |
| Loans\$0.00_ | Transfers to Office Account \$0.00 | | | | |
| Total Monetary \$0.00 | Total Monetary\$0.00 | | | | |
| In-Kind \$0.00 | (8) Other Distributions \$0.00 | | | | |
| (9) TOTAL Monetary Contributions to Date | (10) TOTAL Monetary Expenditures to Date | | | | |
| \$44,018.00 | \$43,237.84 | | | | |
| (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 | I certify that I have examined this report and it is true, correct and complete | | | | |
| McHenry Hamilton Individual (only for electioneering commun.) X Signature McHenry Hamilton Treasurer Deputy Treasurer 3 () \(\) () - | La la stata de la Compania del Compania de la Compania del Compania de la Compania del Compania de la Compania de la Compania de la Compania del Compania de la Compania de la Compania de la Compania del Compania del Compania del Compania del Compania del Compania de la Compania del | | | | |
| DS-DE 12 (Rev. 06/04) | Adjutant Software - Campaign ToolBox | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | Committee for Recall of Miami-Dade Comn | nissioner | 3 | (2) I.D. | Number | 00000 | |
|--|--|-----------|--|----------------------|---|-----------|--------|
| (3) Cover Perio | od 12/15/2006 - 12/31/2006 | | | (4) Pag | je | 0 of 0 | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
| (6) | Full Name (Last, Suffix, First, Middle) | Con | tributor | | In-kind | | |
| Sequence Number | Street Address & City, State, Zip Code | Туре | Occupation | Contribution Type | | Amendment | Amount |
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| | Nothing to report on | this | form | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name | Committee for Recall of Miami-Dade Commis | sioners | (2) I.D. Number | 00000 | |
|-----------------------------------|---|--|---------------------|-----------|--------|
| (3) Cover Perio | od <u>12/15/2006 - 12/31/2006</u> | | (4) Page | 0 of 0 | |
| (5) | (7) | (8) | (9) | (10) | (11) |
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| | | · | : 1 | | |
| | Nothing to report on the | nis form | | | |
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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 Commis | sioners | (2) I.D. Number | · . | | | |
|--------------------------|---|--|-------------------------|-----------------|--------|--|--|
| (3) Cover Perio | Cover Period 12/15/2006 - 12/31/2006 | | | (4) Page 0 of 0 | | | |
| (5) | (7) | (8) | (9) | (10) | (11) | | |
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Related Expenditures | Amendment | Amount | | |
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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 12/15/2006 - 12/31/2006 | | | (4) Page | 0 of 0 | |
| (5) | (7) | (8) | (9) | (10) | (11) |
| Date (6) Sequence Number | Name of Financial Institution Street Address & City, State, Zip Code | Transfer Type | Nature of | Amendment | Amount |
| | Nothing to report on the | nis form | | | |
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