

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

2007 OFFICE USE ONLY
 2007 JAN 18 PM 12:21

MIAMI-DADE
 ELECTIONS

(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 | |

(5) REPORT IDENTIFIERS

Cover Period: From 12/15/2006 To 12/31/2006 Report Type: Q4

- 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>\$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

\$44,018.00

(10) TOTAL Monetary Expenditures to Date

\$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

McHenry Hamilton

- Individual (only for electioneering comm.) Treasurer Deputy Treasurer Candidate

Signature

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

Luis Sanchez

- Chairman (only for PC, PTY & electioneering comm. organization)

Signature

RECEIVED

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