FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Friends of Miami-Dade College	OFFICE USE ONLY					
(1) Friends of Miami-Dade College Name						
(2) 1001 Brickell Bay Drive 9th Floor						
Address (number and street)						
Miami, FL 33131-0000						
City, State, Zip Code						
Check box if address has changed	(3) I.D. Number: 00000					
(4) Check appropriate box(es):	(6) I.B. Nulliber.					
Candidate (office sought):						
X Political Committee						
Committee of Continuous Existence	neck if PC has DISBANDED					
	eck if CCE has DISBANDED					
·	eck if no other electioneering communication reports will be filed					
(5) REPORT	IDENTIFIERS					
Cover Period: From 01/01/2006 To 03/31/2006	6 Report Type:Q1					
X Original Amendment Special Elec	ction Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks\$406,500.00	Monetary Expenditures \$0.00					
Loans\$0.00	Transfers to Office Account \$0.00					
Total Monetary\$406,500.00	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					
\$406,500.00	\$0 <u>700-</u>					
(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					
Ed S. Torgas Louis Wolfson						
Individual (only for electioneering commun.)  Treasurer  X  Deputy Treasurer	Candidate  X Chairman (only for PC, PTY &					
X / Y/M	X					
Signature	Signature					

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Fri	ends of Miami-Dade College	(2) I.D. Number	00000
(3) Cover Period	01/01/2006 - 03/31/2006	(4) Page	1 of 1

(3) Cover Peri	od 01/01/2006 - 03/31/2006			(4) Pa	ge	1 of 1	·
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
02/14/2006	Miami Dade College Foundation, Inc. Room #4102 300 NE 2nd Avenue	В	College Foundati on	CHE			\$ 350,000.0 0
000001	Miami, FL 33132-0000						
03/23/2006	Martinez, Roberto 9445 Old Cutler Lane Coral Gables, FL 33156-0000		Attorney	CHE			\$ 5,000.00
000002							
03/31/2006	Goonen, Norma M. 6901 East Wedgewood Avenue Davie, FL 33331-0000	I	College Admin.	CHE			\$ 500.00
000003							
03/31/2006	Greenberg Traurig 1221 Brickell Avenue Miami, FL 33131-0000	В	Law Firm	CHE			\$ 50,000.00
000004							
03/31/2006	Haar, Jerry Apartment 807 1 Grove Isle Drive	I	College Professor	CHE			\$ 1,000.00
000005	Miami, FL 33133-0000						
							2006 APR   1
						( 1	75 <u>-</u>
							ere-ij

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

(1) Name	Friends of Miami-Dade College	(2) I.D. Numbe	r <u>00000</u>	)	
(3) Cover Per	iod 01/01/2006 - 03/31/2006		(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)	Expenditure Type	Amendmen	t Amount
	Nothing to report on the	his form			
			-		
	æ				

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

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

(1) Name	Friends of Miami-Dade College		(2) I.D. Numbe	r <u>00000</u>	
(3) Cover Peri	od 01/01/2006 - 03/31/2006		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
(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
	Nothing to report on the	nis form			
					PT
					2006 APR I PH L
					6 APR I PH 4 I 8

## **CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS**

(1) <b>N</b> ame	Friends of Miami-Dade College	**********	(2) I.D. Number	00000	
(3) Cover Peri	iod 01/01/2006 - 03/31/2006		(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 Account	Amendment	Amount
	Nothing to report on thi	s form			
					m m
					2005 APR
					AMEDADA TIONS DE
					MIRVA :1 Md