| FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|--|---|--|--|--|--|
| (1) High Pines Annexation Committee Name | OFFICE USE ONLY | | | | |
| (2) c/o Keith Donner 7525 SW 54th Ct Address (number and street) Miami, FL 33143-0000 City, State, Zip Code Check box if address has changed | (3) I.D. Number: 00000 A | | | | |
| 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 01/01/2009 To 03/31/2009 Report Type: Q1 X Original Amendment Special Election Report Independent Expenditure Report | | | | | |
| (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT | | | | | |
| Cash & Checks\$0.00 | Monetary Expenditures \$166.60 | | | | |
| Loans | Transfers to Office Account \$0.00 | | | | |
| Total Monetary \$0.00 | Total Monetary\$166.60_ | | | | |
| In-Kind\$0.00_ | (8) Other Distributions \$0.00 | | | | |
| (9) TOTAL Monetary Contributions to Date | (10) TOTAL Monetary Expenditures to Date | | | | |
| \$0.00 | \$1,110.60 | | | | |
| (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 | | | | | |
| Keith Donner Individual (only for electioneering commun.) X Signature | Keith Donner Candidate X Chairman (only for PC, PTY & electioneering commun. organization) X Signature | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | High Pines Annexation Committee | | | (2) I.D. Number | | 00000 | |
|---------------------------|--|-----------------------|------------|----------------------|------------------------|-----------|---------|
| (3) Cover Perio | riod 01/01/2009 - 03/31/2009 | | | (4) Page | | 0 of 0 | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
| Date (6) | Full Name (Last, Suffix, First, Middle) | Full Name Contributor | | | tus frimal | | |
| (6) Sequence Number | Street Address & City, State, Zip Code | Туре | Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| | | | | | | | |
| | | | | | | | |
| | Nothing to report on | this | form | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name | right Pines Annexation Committee | | (2) I.D. Number | 00000 | - |
|--------------------------|---|--|---------------------|-----------|--------------|
| (3) Cover Perio | od 01/01/2009 - 03/31/2009 | | (4) Page | 1 of 1 | |
| (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 |
| 03/10/2009 | Adjutant Software 2055 Bond Road DeLand, FL 32730-0000 | Compliance software | MON | | \$ 140.00 |
| 000001 | | | | | |
| 03/27/2009 | Board of County Commissioners 111 NW 1st St Miami, FL 33128-0000 | Records | MON | | \$ 26.60 |
| 000002 | | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

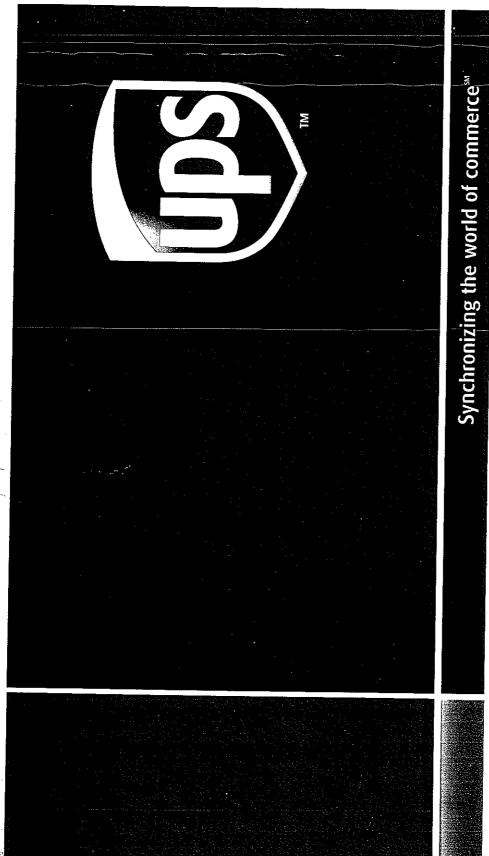
THIS FORM APPLIES TO POLITICAL COMMITTEES, COMMITTEES OF CONTINUOUS EXISTENCE AND PARTY EXECUTIVE COMMITTEES ONLY.

| (1) Name | High Pines Annexation Committee | | (2) I.D. Number | 00000 | |
|--------------------------|---|--|-------------------------|------------------|-----------------------------|
| (3) Cover Perio | | | (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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| | Nothing to report on the | nis form | | | |
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

| (1) Name | High Pines Annexation Committee | | (2) I.D. Number | 00000 | |
|-----------------------------------|---|------------------|----------------------|-----------|--|
| (3) Cover Perio | od 01/01/2009 - 03/31/2009 | | (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 torm | | | |
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