FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) High Pines Annexation Committee Name (2) c/o Keith Donner 7525 SW 54th Ct Address (number and street) Miami, FL 33143-0000 City, State, Zip Code	OFFICE USE ONLY						
Check box if address has changed (4) Check appropriate box(es): Candidate (office sought): X Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication (3) I.D. Number: 00000							
(5) REPORT IDENTIFIERS Cover Period: From 09/16/2006 To 09/29/2006 Report Type: G2 X Original Amendment Special Election Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$0.00 Loans \$0.00 Total Monetary \$0.00	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$0.00 Transfers to Office Account \$0.00 Total Monetary \$0.00						
In-Kind\$0.00	(8) Other Distributions\$0.00						
(9) TOTAL Monetary Contributions to Date \$36.585.00	(10) TOTAL Monetary Expenditures to Date \$15,487,46						
(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 Keith Donner Individual (only for electionsering commun.) X Signature	I certify that I have examined this report and it is true, correct and complete Keith Donner Candidate X Chairman (only for PC, PTY & electioneering commun. organization) X Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	ver Period 09/16/2006 - 09/29/2006			(2) I.D. Number (4) Page		00000 0 of 0	
(3) Cover Perio							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)	Co	ntributor				
(6) Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	High Pines Annexation Committee		(2) I.D. Number	00000	
(3) Cover Perio	od 09/16/2006 - 09/29/2006		(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	Amendment	Amount
	Nothing to report on the	nis form			
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