

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

**RECEIVED**  
 2010 JUL 22 AM 11:09  
 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

(1) LINC PAC (2) \_\_\_\_\_  
 Candidate, Committee or Party Name I.D. Number

(3) 9485 Sunset Dr., Suite A-280 MIAMI FL 33173  
 Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

Candidate (office sought): \_\_\_\_\_

Political Committee

Check if PC has DISBANDED

Committee of Continuous Existence

Check if CCE has DISBANDED

Party Executive Committee

**(5) REPORT IDENTIFIERS**

Cover Period: From 04 / 01 / 10 To 07 / 16 / 10 Report Type F 1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(9) TOTAL Monetary Contributions to Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(10) TOTAL Monetary Expenditures to Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . 00

**(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

Name of  Treasurer  Deputy Treasurer

**X** *McHenry Hamilton*  
 Signature

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

BEVERLY GERALD

Name of  Candidate  Chairman (PC/PTY Only)

**X** *Beverly Gerald*  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LINC PAC

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 10 through 07 / 16 / 10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /	NOTHING TO REPORT ON THIS FORM						
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**RECEIVED**  
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 MIAMI BEACH  
 ELECTIONS DEPARTMENT

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LINC PAC

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 10 through 07 / 16 / 10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
05 / 26 / 10	MACK SAMNUEL FOR COMMISSIONER PO BOX 530750 MIAMI, FLORIDA 33153-0750	CONTRIBUTION COMMISSIONER, DISTR. 2	MON		\$500.00
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