FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) LINC PAC Name (2) 9400 S Dadeland Blvd Suite 110 Address (number and street) Miami, FL 33156-0000 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 Check if PC has DISBANDED Check if CCE has DISBANDED Check if CCE has DISBANDED Check if no other electioneering communication reports will be filed					
(5) REPORT IDENTIFIERS Cover Period: From09/16/2006 To09/29/2006 Report Type:G2 X Original Amendment Special Election Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT Cash & Checks \$0.00 Loans \$0.00 \$0.00	(7) EXPENDITURES THIS REPORT Monetary Expenditures \$0.00 Transfers to Office Account \$0.00				
In-Kind \$0.00 (9) TOTAL Monetary Contributions to Date	Total Monetary \$0.00 (8) Other Distributions \$0.00 (10) TOTAL Monetary Expenditures to Date				
\$1,528.85 \$1,177.21 (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 commun.) X X Signature C C C C C C C C C C C C C	I certify that I have examined this report and it is true, correct and complete Beverly Gerald Candidate X Chairman (only for PC, PTY & electioneering commun. organization) X Suruh Signature				

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(1) Name	LINC PAC		(2) I.D. Number	00000	
(3) Cover Peri	od 09/16/2006 - 09/29/2006		(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)	Expenditure Type	Amendment	Amount
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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	LINC PAC		(2) I.D. Numbe	r <u>00000</u>	
(3) Cover Perio	od 09/16/2006 - 09/29/2006		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name	_			
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name	LINC PAC		(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	Name of Financial Institution				
(6) Sequence Number	Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount
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