

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

2007 JAN OFFICE USE ONLY

MIAMI-DADE
 ELECTIONS

(1) LINC PAC
 Name

(2) 9400 S Dadeland Blvd Suite 110
 Address (number and street)

Miami, FL 33156-0000
 City, State, Zip Code

Check box if address has changed

(3) I.D. Number: 00000

(4) Check appropriate box(es):

- | | |
|--|---|
| <input type="checkbox"/> Candidate (office sought): _____ | <input type="checkbox"/> Check if PC has DISBANDED |
| <input checked="" type="checkbox"/> Political Committee | <input type="checkbox"/> Check if CCE has DISBANDED |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check if no other electioneering communication reports will be filed |
| <input type="checkbox"/> Party Executive Committee | |
| <input type="checkbox"/> Electioneering Communication | |

(5) REPORT IDENTIFIERS

Cover Period: From 10/01/2006 To 12/31/2006 Report Type: Q4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

| | |
|----------------|---------------|
| Cash & Checks | <u>\$0.00</u> |
| Loans | <u>\$0.00</u> |
| Total Monetary | <u>\$0.00</u> |
| In-Kind | <u>\$0.00</u> |

(7) EXPENDITURES THIS REPORT

| | |
|-----------------------------|---------------|
| Monetary Expenditures | <u>\$0.00</u> |
| Transfers to Office Account | <u>\$0.00</u> |
| Total Monetary | <u>\$0.00</u> |
| (8) Other Distributions | <u>\$0.00</u> |

(9) TOTAL Monetary Contributions to Date

\$1,528.85

(10) TOTAL Monetary Expenditures to Date

\$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 comm.) Treasurer Deputy Treasurer

Signature

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

Beverly Gerald

Candidate Chairman (only for PC, PTY & electioneering comm. organization)

Signature

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LINC PAC (2) I.D. Number 00000

(3) Cover Period 10/01/2006 - 12/31/2006 (4) Page 0 of 0

| (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 |
|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| | | Type | Occupation | | | | |
| | | | | | | | |
| (6) Sequence Number | Nothing to report on this form | | | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LINC PAC (2) I.D. Number 00000

(3) Cover Period 10/01/2006 - 12/31/2006 (4) Page 0 of 0

| (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 | Nothing to report on this form | | | | |
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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. Number 00000
 (3) Cover Period 10/01/2006 - 12/31/2006 (4) Page 0 of 0

| (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) Related Expenditures | (10) Amendment | (11) Amount |
|--------------------------------|--|---|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| Nothing to report on this form | | | | | |
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name LINC PAC (2) I.D. Number 00000
 (3) Cover Period 10/01/2006 - 12/31/2006 (4) Page 0 of 0

| (5) Date | (7) Name of Financial Institution Street Address & City, State, Zip Code | (8) Transfer Type | (9) Nature of Account | (10) Amendment | (11) Amount |
|------------------------|---|----------------------|--------------------------|-------------------|----------------|
| (6) Sequence Number | Nothing to report on this form | | | | |
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