FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Lings Grosz Name	OFFICE USE ONLY						
Address (number and street)  M.A. Fl. 23/25  City, State, Zip Code	RECE 2007 NOV -2 CITY CLERP						
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):	(3) ID Number: STEELS OF TO SERVER OF TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR						
☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
(5) REPORT I	DENTIFIERS						
	11 01 07 Report Type <u>F407</u>						
☑ Original ☐ Amendment ☐ Special Election	Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$						
Loans \$	Transfers to Office Account \$						
Total Monetary \$ 200	Total Monetary \$ \$,511.93						
111-Kiliu	(8) Other Distributions						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date  \$ 32,345.34						
(11) CERTIFICATION							
It is a first degree misdemeanor for any pers							
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.						
(Type name) / Treasurer Deputy Treasurer electioneering commun.)	(Type name)  Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)						
X Signature	X Signature						

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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	LIMPA COLOSZ				(2) I.D. Number			
(3) Cover Perio	od <u>10   13   0</u>	7 thro	ough <u>//</u>	10/10	27 , (4) Pag	ge	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
0101/.	LARRY CETTER. 2 Grove Isle Pr. Apt 1607	エ	CIPA.				100 %	
010 12.	C.G. 33133  Beth Korsky  A ROI TOWERSIZE TWO  Apt 505  MIA-Sho. 33130	I	l-landicagnu planner	9	**************************************		10001	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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(1) Name		PORT - TEMIZED EXPENDITURES  (2) I.D. Number						
(3) Cover Perio	d <u>                                    </u>	1107, (4	4) Page	of _	<del> </del>			
(5) Date (6) Sequence Number	(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)	(11)			
0/0/1	CAIMAN Strategies 782 N.W. Lejvene Ro. St. 638. MIA, 33126	MAIlING	Monotary CK.		8441-			
01012 10-p.07	451E DILIDO	Supplies For SIGNS	cK.		50.93			
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