

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

**RECEIVED**  
OFFICE USE ONLY  
2008 FEB -5 AM 8:31  
CITY CLERK'S OFFICE

(1) GABRIELLE REDFERN  
Name  
(2) 4539 ROYAL PALM AVENUE  
Address (number and street)  
MIAMI BEACH FLORIDA 33140  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): CITY COMMISSIONER GROUP III  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication

- CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 1 / 07 To 12 / 31 / 07 Report Type Q4  
 Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ 0  
 Loans                    \$ \_\_\_\_\_  
 Total Monetary        \$ \_\_\_\_\_  
 In-Kind                 \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ \$2500<sup>00</sup>  
 Transfers to Office Account    \$ \_\_\_\_\_  
 Total Monetary        \$ \_\_\_\_\_

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

(9) TOTAL Monetary Contributions To Date  
\$ 52,752.40

(10) TOTAL Monetary Expenditures To Date  
\$ \$52000<sup>00</sup>

**(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.

(Type name)

- Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X**

Signature

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

(Type name)

- Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name GABRIELE KEDFORN (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 10, 1, 07 through 12, 31, 07 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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					
01/01 12.21.07	DPI 16200 NE 13 AVE NORTH MIAMI BEACH FL 33162	PRINTING & CONSULTING	MON		2500 <sup>00</sup>
11					
11					
11					
11					
11					
11					
11					
11					