

CAMPAIGN TREASURER'S REPORT SUMMARY (cover sheet)

Modified For Lee County Only (09-2001)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(1) LATT ARMEDA Candidate, Committee or Political Party Name
 (2) 034 980 1466 Daytime Telephone Number
 (3) 19501 ARMEDA RD Address (Number and Street) ALVA city 33920 Zip Code

NOTE: Check box if address has changed since last report

(4) Check appropriate box or boxes below indicating reporting status:

Candidate (office sought and district or seat #) MOSQUITO CONTRA ARMEDAS
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING
 Electioneering Communication COMMUNICATION REPORTS WILL BE FILED

FINAL REPORT

(5) REPORT IDENTIFIERS (see reporting calendar or report reminder notice)

Reporting Period Covered: From 11/3/06 TO 1/15/07 Report Type Code: TR
 Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 0
 Loans by Candidate \$ 0
 TOTAL Monetary for Reporting Period \$ 0

In-kind Contributions (\$ 0)
 For this reporting period only.
 DO NOT add in-kind with monetary **AND** only list the amount for this reporting period.

(7) EXPENDITURES FOR THIS REPORTING PERIOD

Monetary Expenditures \$ 0
 Transfers to Office Account \$ 0
 TOTAL Monetary Expenditures for Reporting Period \$ 0

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)

(\$ 0)
 For this reporting period only.
 DO NOT add to expenditures **AND** only list the amount for this reporting period. (see instructions)

(9) TOTAL Monetary Contributions TO DATE:

\$ 0
 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:

\$ 144.00
 Combine amount in (10) from last report on this line.

(11) CERTIFICATION

Treasurer Deputy Treasurer Individual (only for Electioneering (Communication Organization or Independent Expenditure)

Candidate Chairman (only for PC, PTY and Electioneering Communication Organization)

X Latt Armeda
 Signature

X Latt Armeda
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

CAMPAIGN TREASURER'S REPORT (ITEMIZED EXPENDITURES)

(1) Name LATT ARMEDA Daytime Telephone Number 239 980 1466

(3) Reporting Period Covered: 11, 3, 1 TO 1, 15, 07

(4) Page 1 of 1 (itemized expenditures)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(5) & (6)	(7)	PURPOSE OF EXPENDITURE (including bank service fees)	(9)	(10)	(11)
DATE	Entity Receiving Payment: Full Name (Last, Suffix, First, Middle) Street Address City-State-Zip Code	NOTE: A candidate cannot contribute to another candidate from campaign funds. (PC's, PTY's, CCE'S- add office sought if contribution to a candidate)	Expenditure Type	Amendment use "ADD or DEL" see instructions	AMOUNT
Sequence Number					
	SUPERVISOR OF ELECTIONS PO BOX 2545 FT. MYERS FL. 33902	FILING FEE	DIS		144.00

**FINAL
REPORT**