FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY VEN					
(1) W.NIFAED LEE ANCRUM	OFFICE USE ONLY 05 JUL 29 PM 4: 36				
Name (2) 580 NE 179E DRIVE	CNMB CITY ELERK'S EFFICE				
Address (number and street)	CARD SITE SECTION OF THE CONTRACT OF THE CONTR				
Nanty M. Ami Brach FL 33/12 City, State, Zip Code					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):  Gandidate (office sought): Council  Political Committee  Committee	PERSON GROPS  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED				
☐ Party Executive Committee ☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
(5) REPORT	IDENTIFIERS				
Cover Period: From 4 / 29 / 95 To	7 1 201 of Report Type TR				
☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$ 200.	Monetary Expenditures \$ 2415				
Loans \$	Transfers to Office Account \$				
Total Monetary \$ 2.50.	Total Monetary \$ 2.4/ 5				
In-Kind \$					
	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date \$ <u>プッッ・~</u>	(10) TOTAL Monetary Expenditures To Date \$ <u>フヮゥ・ゃ</u>				
(11) CERT					
It is a first degree misdemeanor for any pers  I certify that I have examined this report and it is true,	on 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.	correct, and complete.				
(Type name) Wini Field LEE Ancum  ☐ Individual (only for electioneering commun.)  ☐ Treasurer ☐ Deputy Treasurer	(Type name) W, WI FATED LEE ANCHUM  Candidate Chairperson (only for PC, PTY & electioneering commun. organization)				
X Winfel L. Green	X Winiped h Grace				
Signature	Signature				

(1) Name <u></u>	INIFRED LEE	ANC	Rum		2) I.D. Numbe	er <u>N/A</u>	
(3) Cover Perio	od <u>4   29   0</u>	<u> </u>	ough	1 28 1 0		je <u>)</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	CITY OF N.M.B. 17011 NE 19 TO AVE N. M. AMI BEACH, FL 33162	0	City	SIGN BOND RETURD			200 20
	PC 33761						
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#### **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name W. N. FRED LEZ ANERUM	(2) I.D. Number
(3) Cover Period 4 / 24 / 05 through 7 / 28 / 05	(4) Page/ of/

	(7)	(8)	(9)	(10)	(11)
(5) Date (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
7 /28 /05	BANK OF AMERICA 18201 NE 19th ANE N. M.AMI BEACH, FL 33162	BANKSELVICE CHMIE	CASH		485
7 /28/05	WINIFRED LEZ ANCRUM SED NZ 179= DRIVE N. MIAMI BZACH, FL 33162	REPAYMENT OF LOAN ACCOUNT CLOSED	C 11 E		23630
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11				78 PFICE	ED 4: 36
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FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURER	TE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) WINI FRED LEE ANCRUM  Name  (2) 580 NE 179 DRIVE  Address (number and street)  North Miami Beach, FL 33162  City, State, Zip Code	OFFICE USE ONLY PRECEIVED  OFFICE USE ONLY PRECEIVED  OFFICE USE ONLY PRECEIVED  OFFICE USE ONLY PRECEIVED
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number: —— A 60
(4) Check appropriate box(es):  ☐ Candidate (office sought): ☐ 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 I	
Cover Period: From 4 / 00 / 05 To	
☐ Original ☐ Amendment ☐ Special Election	Report
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$	(7) EXPENDITURES THIS REPORT  Monetary  Expenditures \$ 50 =
Loans \$	Transfers to Office Account \$
Total Monetary \$	Total Monetary \$ 5000
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$ 458 85
	IFICATION
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) WIN FRED LEE ANCRUM  Individual (only for electioneering commun.)	(Type name) WINI FRED LEE ANCRUM  Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Wanter Lee Andrum Signature	Signature Kel (Marun-

(1) Name <u>/</u> /	VINIFRED LEE	ANG	2 R Um	(;	2) I.D. Numbe	er _ <i>N//</i>	9
(3) Cover Perio	VINIFRED LEE od 4 1 00 mt 0:	≤ thro	ough 4	1 28 1 0	√ (4) Pag	e _/_	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	:					
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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# **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES** (1) Name WINI FRED LEE ANCRUM (2) I.D. Number <u>N/A</u> (3) Cover Period 4 1 05 through 4 1 28 1 05 (4) Page \_\_\_\_/ of \_\_\_\_ (9) (10) (11) (7) (5) Purpose Date **Full Name** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number MINUTE MAN PRESS 273 NE 166 STREET FLYERS 5000 CHE N. MiAMIBEACH, FL 33/62 ENIND DITY DLERK'S BEFILD

	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) WINI FRED LEE ANCRUM  Name  (2) SEO NE 179 DRIVE  Address (number and street)  Nonth Miami Beach, Florida 33 of City, State, Zip Code					
☐ CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee	(3) ID Number:				
Committee of Continuous Existence Party Executive Committee Electioneering Communication	CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED				
Cover Period: From 3 / 24 / 05 To	IDENTIFIERS  4   15-   05   Report Type				
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 58 55				
Loans \$ 500 =  Total Monetary \$ 500 =	Transfers to Office Account \$  Total Monetary \$ 58.55				
In-Kind \$ 7 4/9 67	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	IFICATION on 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.	I certify that I have examined this report and it is true, correct, and complete.				
Type name) W. W. FRED LEE ANCLUM Individual (only for electioneering commun.)  X Whichel Lee Ances	(Type name) W. N. FRED LEE ANCRUM Candidate Chairperson (only for PC, PTY & electioneering commun. organization)  X Winfeld Lee Ancrum				
Signature	Signature				

(1) Name WINIFRED LEE ANCRUM (2) I.D. Number

(3) Cover Period 3 1 24 1 05 through 4 1 15 1 05 (4) Page 1 of 1

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
3124105	WINIFALD L. ANCRUM 580 NE 1795 DR N. M.AMI BLACH FL 33162		RETINED	LOA	Decempaen		500 ==
	WINIFACEL. ANCAM 580 NE 1795 DR N. M. AMI BURH, FL 33162	I	Retina	>	CAMPAGEN SIGNS TRAM 2003		(30000)
3131105	WIN, ER 22 L. ANCAMA 550 NE 1785 D.R. D. M. AM, 3 LACH TL 33162	I	Rinno		05 CAMPAIN 5, 6 MS Tran 200 J		(25324)
3 131 105 4	WINDFRADA ACOUNTY STONE 1792 DA NONTH M. AMI BLOCK PL 33162	1	francis		Types		(10595)
	WINITED L. ANCAM 570 NE 1795 DR. N. M. AMI BLOCK TL 39162	Ī	RETAIN		CAMPAIN NAME NAME TOUS 2003		(90=)
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name WINI FRED LEE ANCRUM	(2) I.D. Number
(3) Cover Period 3 1 241 05 through 4 1 15 1 05	(4) Page of

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3 /31/05	WALTER HAAS +50N5, INC. 123 WEST 28ND STREET HIALEAH, FLORIDA 33010	WINE STAKES	CHZ		5885
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	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) WINIFATO LEE ANCRUM  Name  (2) 570 NE 179= DRIVE  Address (number and street)  North Milani Brack FL 33162  City, State, Zip Code	OFFICE USE ONLY OFFICE VED  (3) ID Number:   OFFICE USE ONLY OFFICE VED  OFFICE VE				
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: — FR 8				
(4) Check appropriate box(es):  Candidate (office sought):  Political Committee  Committee of Continuous Existence  Party Executive Committee  Electioneering Communication					
(5) REPORT	DENTIFIERS				
Cover Period: From 3 / 24/ 5 To	4 / 15 / 05 Report Type 63				
☐ Original	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$	(7) EXPENDITURES THIS REPORT  Monetary  Expenditures \$ 408 55				
Loans \$ 500 = Total Monetary \$ 500 =	Transfers to Office Account \$  Total Monetary \$ 408 **				
In-Kind \$ 749 67					
	(8) Other Distributions \$				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$ 408 55				
	IFICATION				
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) WIN I FAZN LEE ANCAUM  Individual (only for electioneering commun.)  Treasurer Deputy Treasurer	(Type name) U, W, FRZ LZE ANCHUM  Candidate Chairperson (only for PC, PTY & electioneering commun. organization)  X Windud Lee Curum				
Signature Rue Signature	Signature				

(1) Name <i>W</i>	wifred fee	Mercu	(	2) I.D. Numbe	•r	<del></del>
(3) Cover Perio	od 3 124 105	through 4	115 1 0	<u>2</u> (4) Pag	e <u>/</u>	of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
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#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name WINIFRED LEE ANCRUM	(2) I.D. Number
12) Cover Period 2 / 24 / 25 through 4 / 15 / 0	(4) Page / of /

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
3/24/5	CITY OF NORTH MAMIBEACH 17011 NE 19th AVENUE N. M. AMI BEACH, FL 35162	QUALITING FEE	mor	ADD	150000
3/24/05	CITY OF NORTH MAMIBESCH 17011 NE 19th AVENUE  N. M. AMIBESCH TO 33/62	5162 6000	LOA	ADD	2=0
3/31/05	H. WALTER HAAS & SONS 123 WEST 25ND STREET HIALRAN, FL 33010	SILN STOKES	mon		5085
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