

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

(1) David Nelson
Name

(2) 11885 SW 26 Terrace
Address (number and street)

Miami, Fl 33175
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
ONLINE SUBMISSION

(3) ID Number: 661

(4) **Check appropriate box(es):**

Candidate (office sought): Clerk of the Circuit Court

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 IDENTIFIERS

Cover Period: From 8/22/2008 To 11/24/2008 Report Type TR-F0

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>125.65</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>125.65</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 11,100.00

(10) TOTAL Monetary Expenditures To Date
\$ 11,100.00

(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.

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(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) _____

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

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Nelson (2) I.D. Number 661

8/22/2008 through 11/24/2008

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Nelson

(2) I.D. Number 661

(3) Cover Period 8/22/2008 through 11/24/2008

(4) Page 1 of 1

(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					
11/13/2008 / /	Nelson, David 11885 SW 26 terr Miami, FL 33175	repayment of loan	MO		\$125.65
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