

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

(1) Nelson Varona  
Name

(2) 8210 SW 63rd Place, Miami, FL 33143  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): Community Council 12/125

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 8/12/2006 To 8/31/2006 / \_\_\_\_\_ Report Type F3-06

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ \_\_\_\_\_ -500.00

Loans    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ -500.00

In-Kind    \$ \_\_\_\_\_ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ \_\_\_\_\_ 0.00

Transfers to Office Account    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 0.00

(8) Other Distributions    \$ \_\_\_\_\_ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ 8,750.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ 9,249.60

**(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.

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

(Type name)

(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Nelson Varona **(2) I.D. Number** 504  
**(3) Cover Period** 8/12/2006 through 8/31/2006 **(4) Page** 1 of 1

(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
8/31/2006 / /	North Roads Group, LLC, P.O. Box 520682 Miami, FL 33152-0682	B	propertyo wner	CH		Delete	\$250.00
1							
12/1/2006 / /	North Roads Group, LLC, P.O. Box 520682 Miami, FL 33152-0682	B	propertyo wner	CH		Add	\$0.00
2							
8/31/2006 / /	Kendall Village Square LLP, P.O. Box 520682 Miami, FL 33152-0682	B	propertyo wner	CH		Delete	\$250.00
3							
12/1/2006 / /	Kendall Village Square LLP, P.O. Box 520682 Miami, FL 33152-0682	B	propertyo wner	CH		Add	\$0.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nelson Varona

(2) I.D. Number 504

(3) Cover Period 8/12/2006 through 8/31/2006

(4) Page 1 of 0

(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					
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