	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Nina Weatherly Di Pietro	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	201 SE 6 Street, Room 310	Submitted on:								
	Address (number and street)	6/29/2016 18:25:00 (eastern)								
	Fort Lauderdale, FL 33301									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:290								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: County Court Judge, Grp. 7</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cov	er Period: From 6 / 1 / 2016 To	6 / 24 / 2016 Report Type: P1								
		ecial Election Report								
		T								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$,2, _85000	Monetary								
Loar	s , , , ,	Transfers to Office Account \$ , , 0 . 00								
Tota	Monetary \$,2, 850 . 00	Total Monetary \$ , 10 ,000 . 00								
In-Ki	ind \$ , , 0.00									
		(8) Other Distributions \$ , , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$, _289_, _83100									
(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 IE										
_X		<u>X</u>								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name <sub>Ni</sub>	na Weatherly	y Di	Pietro		(2		290		
	6/1/2016			6/24/	2016				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

	(7)		(0)	×(0)	(4.0)	(4.4)	(40)
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle) Street Address &	_	to!le : .te o	Contribution	In lines		
Sequence Number	City, State, Zip Code		ontributor	ANADOMO-O-CUPETO SANCE DE MOCESTO	In-kind	Amendment	Amount
Number	Orthopedic & Spine	Type B	Occupation medical	Type CH	Description	Amendment	Amount \$500.00
6/2/2016	Injuries LL, 3702 Washington Street, #40		care	CH			\$500.00
1	Hollywood, FL 330210000						
6/6/2016 / /	Palm Beach Brain & Spine P. A., 1447 Medical Park Boulevard	B I, #101	surgeons	СН			\$1,000.00
2	Wellington, FL 334140000						
6/14/2016	Kanner, Naomi Rawitz 4819 Adams Street	I	retired	СН			\$500.00
3	Hollywood, FL 330210000						
6/24/2016	Spath, E. Marlene 5642 Madison Street Hollywood, FL 330230000	I	retired	СН			\$250.00
4							
6/24/2016	Lewis, Jim 200 SE 6th Street, #200 Fort Lauderdale, FL 3330100		attorney	СН			\$100.00
5							
6/24/2016 / /	JP III LLC, P 0 Box 1838 Winter Park, FL 327900000	В	surety bonds	СН			\$250.00
6							
6/24/2016	Accredited Surety and Casualty, P O Box 140855	В	surety bonds	СН			\$250.00
7	Orlando, FL 328140000						
1 1							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _N	Jina	Weathe	rly	7 Di	Pietro			 (2) I.D. Nun	nber	2	290	
		6/1/	201	6		6/24/2	2016					
(3) Cover Pe	eriod	I		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
6/2/2016	The August Company, 401 E Las Olas Blvd., #130-428 Fort Lauderdale, FL 333010000	community outreach	MO		\$10,000.00
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DS-DE 14 (Rev					