CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Barbara Sharief	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1146293]							
(2)	2452 N. University Dr.	Submitted on:							
	Address (number and street)	11/13/2017 09:07:15 (eastern)							
	Pembroke Pines, FL 33024 City, State, Zip Code								
	_	(2) 17 November 2015							
	Check here if address has changed	(3) ID Number: 445							
(4)	Check appropriate box(es):								
	Candidate Office Sought: County Commis	ssion, Dist. 8							
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
(5) Report Identifiers									
Cove	er Period: From <u>10</u> / <u>1</u> / <u>201</u> 7 To	10 / 31 / 2017 Report Type: M10							
X o	riginal Amendment Sp	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	n & Checks \$, , 0 . <u>00</u>	Expenditures \$, 1 , 245 . 00							
	Φ 0.00								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
- .	\$ 0.00	Office Account \$, , , 0 . 00							
rota	I Monetary \$, , 000	Total Monetary \$, 1 245 . 00							
I IZ:	2	Total Monetary \$, , , , 00							
In-Ki	nd \$, , <u>0</u> . <u>00</u>	(8) Other Distributions							
		(8) Other Distributions \$, , <u>0</u> 00_							
		, <u> </u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>9</u> , <u>167</u> . <u>31</u>							
(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:									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		x							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Barbara Sharief	(2) I.D. Number							
	10/1/2017		1	0/31/2017					
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e <u>1</u>	of		
4									
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name (Last, Suffix, First, Middle)								
(6) Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Barbara	a Shari	.ef				_ (2) I.D. Nur	nber	4	445	
		10/1/2	017		10/31/	2017					
(3) Cover Pe	eriod	1	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
10/5/2017	BSE Dsign & Communications, 178 Seashore Dr Jupiter , FL 33477	artwork	МО		\$175.00
10/5/2017	Constant Contact , 1601 Trapelo Road Suite 329 Waltham , MA 02451	emarketing	МО		\$70.00
10/13/2017	Patriot Games, Inc., 120 S Dixie Highway Suite 202 West Palm Beach , FL 33401	consulting fees	MO		\$1,000.00
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