

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barbara Sharief  
Name

(2) 2452 N. University Dr.  
Address (number and street)

Pembroke Pines, FL 33024  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1148090]

Submitted on:  
1/10/2018 13:09:02 (eastern)

Check here if address has changed

(3) ID Number: 445

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission, 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 12 / 1 / 2017 To 12 / 31 / 2017 Report Type: M12

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   3   , 000 . 00

Loans \$        ,        ,   0   . 00

Total Monetary \$        ,   3   , 000 . 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

\$        ,   119   ,   762   . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,   11   ,   242   . 31

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barbara Sharief (2) I.D. Number 445  
 (3) Cover Period 12/1/2017 through 12/31/2017 (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
(6) Sequence Number		Type	Occupation				
12/18/2017 / /	LoBue, Georgann F 13001 SW 118th Street Miami, FL 33186	I	managing partner	CH		Add	\$1,000.00
1							
12/18/2017 / /	Simpson, James F 13291 SW 108th St Cir N Miami, FL 33186	I	permit runner	CH		Add	\$1,000.00
2							
12/18/2017 / /	LoBue, Lolita Lampert 14031 SW 143rd Ct Unit 2 Miami, FL 33186	I	business owner	CH		Add	\$1,000.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Barbara Sharief

(2) I.D. Number 445

(3) Cover Period 12/1/2017 through 12/31/2017

(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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