

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
[1144378]

Submitted on:
9/7/2017 12:33:46 (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 8 / 1 / 2017 To 8 / 31 / 2017 Report Type: M8

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 175 . 73

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 175 . 73

(8) Other Distributions
\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
\$, 94 , 512 . 00

(10) TOTAL Monetary Expenditures To Date
\$, 6 , 827 . 56

(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 8/1/2017 through 8/31/2017 (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 Barbara Sharief

(2) I.D. Number 445

(3) Cover Period 8/1/2017 through 8/31/2017

(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					
8/8/2017 //	Printing & Letterpress, Inc., Dixie 504 24th Street Suite 1 West Palm Beach, FL 33407	rack cards	MO		\$531.78
1					
8/7/2017 //	Constant Contact, 1601 Trapelo Road Waltham, MA 02451	emarketing	MO		\$70.00
2					
8/10/2017 //	Patriot Games, Inc., 120 S Dixie Highway Suite 202 West Palm Beach, FL 33401	consulting fee	MO		\$1,000.00
3					
8/16/2017 //	BSE Design & Communications, 178 Seashore Dr Jupiter , FL 33477	artwork/ layout	MO		\$50.00
4					
8/17/2017 //	Patriot Games, Inc., 120 S Dixie Highway Suite 202 West Palm Beach , FL 33401	social media fee	MO		\$523.95
5					
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