

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

(1) Jean Monestime  
**Name**  
 (2) 12794 West Dixie Highway  
**Address (number and street)**  
North Miami, FL 33161  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1027280]  
 Submitted on:  
 1/31/2011 16:25:10 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 767

(4) **Check appropriate box(es):**  
 Candidate (office sought): County Commission 02  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 **Electioneering Communication**

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/20/2010 To 9/10/2010 / Report Type G1-10  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>-3,780.00</u>
Total Monetary	\$	<u>-3,780.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 103,120.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 90,457.59

**(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <b>X</b> _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Jean Monestime **(2) I.D. Number** 767  
**(3) Cover Period** 8/20/2010 through 9/10/2010 **(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
8/29/2010 / /	Monestime, Jean 666 NE 125 Street, Suite 232 North Miami, FL 33161	I	real est. broker / candi	LO		Delete	\$4,200.00
1							
8/29/2010 / /	Monestime, Jean 666 NE 125 Street, Suite 232 North Miami, FL 33161	I	real est. broker	LO		Add	\$420.00
2							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jean Monestime

(2) I.D. Number 767

(3) Cover Period 8/20/2010 through 9/10/2010

(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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