

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

(1) Barbara J. Jordan  
Name  
(2) 2251 NW 188th Terrace  
Address (number and street)  
Miami Gardens, FL  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1049614]  
Submitted on:  
11/5/2012 17:43:03 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1029

(4) Check appropriate box(es):  
 Candidate (office sought): County Commission 01  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/21/2012 To 8/9/2012 / Report Type F3-12  
 Original  Amendment  Special Election Report  Independent Expenditure 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 \$ 0.00  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 0.00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 218,069.47

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 187,955.71

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

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

(1) Name Barbara J. Jordan (2) I.D. Number 1029  
 7/21/2012 8/9/2012  
 (3) Cover Period  / /  through  / /  (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				
8/9/2012 / /	Hodgkins, Christopher 1717 N. Bayshore Dr. Suite 1031 Miami, FL 33132	I	info. req.	CH		Delete	\$500.00
1							
8/9/2012 / /	Hodgkins, Christopher 1717 N. Bayshore Dr. Suite 1031 Miami, FL 33132	I	concessionaire	CH		Add	\$500.00
2							
8/9/2012 / /	Daughtrey, Sylvia 2759 NW 196 St. Miami Gardens, FL Info. Req.	I		CA		Delete	\$50.00
3							
8/9/2012 / /	Daughtrey, Sylvia 2759 NW 196 St. Miami Gardens, FL 33056	I		CA		Add	\$50.00
4							
8/9/2012 / /	Williams, Ophelia Info. Req. Info. Req., In Info. Req.	I		CA		Delete	\$50.00
5							
8/9/2012 / /	Williams, Ophelia 11240 SW 163 St. Miami, FL 33157	I		CA		Add	\$50.00
6							
8/9/2012 / /	Moya, Sharon Info. Req. Info. Req., In Info. Req.	I		CA		Delete	\$50.00
7							
8/9/2012 / /	Moya, Sharon 11910 SW 209 Ter. Miami, FL 33177	I		CA		Add	\$50.00
8							

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

(1) Name Barbara J. Jordan

(2) I.D. Number 1029

(3) Cover Period 7/21/2012 through 8/9/2012

(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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