

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

(1) Nadia Pierre  
**Name**  
 (2) 2374 NE 56 Street  
**Address (number and street)**  
Miami, FL 33142  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1055507]  
 Submitted on:  
 7/18/2013 16:42:41 (eastern)

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: 1148

**(4) Check appropriate box(es):**

- Candidate (office sought): County Commission 03
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED**
- CHECK IF CCE HAS DISBANDED**
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2012 / 7/6/2012 / To 7/6/2012 /        / Report Type F1-12  
 Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</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**  
 \$ 2,300.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 300.00

**(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 electioneering commun.)     Treasurer     Deputy Treasurer

**X** \_\_\_\_\_

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nadia Pierre (2) I.D. Number 1148

(3) Cover Period 4/1/2012 through 7/6/2012 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
6/1/2012 / /	Delmur, Anis Anis Delmur Miami, FL 33161	I	accountant	CH		Delete	\$300.00
1							
6/1/2012 / /	Delmur, Anis Anis Delmur 685 NE 126 Street Miami, FL 33161	I	accountant	CH		Add	\$300.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Nadia Pierre

(2) I.D. Number 1148

(3) Cover Period 4/1/2012 through 7/6/2012

(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					
// /					
// /					
// /					
// /					
// /					
// /					