

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

(1) BRICKELL NEIGHBORHOOD PAC  
Name  
(2) 145 SE 25th ROAD SUITE 1002  
Address (number and street)  
MIAMI FL 33129  
City, State, Zip Code

OFFICE USE ONLY  
(3) ID Number: \_\_\_\_\_

RECEIVED  
2008 NOV - 7 PM 4: 29  
FLORIDA DEPARTMENT OF STATE  
ELECTIONS DIVISION

CHECK IF ADDRESS HAS CHANGED  
(4) Check appropriate box(es):  
 Candidate (office sought): \_\_\_\_\_  
 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 \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Report Type \_\_\_\_\_  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT  
Cash & Checks \$ \_\_\_\_\_ 1.04  
Loans \$ \_\_\_\_\_ 0  
Total Monetary \$ \_\_\_\_\_ 1.04  
In-Kind \$ \_\_\_\_\_ 0

(7) EXPENDITURES THIS REPORT  
Monetary Expenditures \$ \_\_\_\_\_ 0  
Transfers to Office Account \$ \_\_\_\_\_ 0  
Total Monetary \$ \_\_\_\_\_ 0

(8) Other Distributions \$ \_\_\_\_\_ 0

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_ 39.43

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_ 0

(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) GLORIA KONSLER  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
X Gloria Konsler  
Signature

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

(Type name) T. SINCLAIR JACOBS  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
X T. Sinclair Jacobs  
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BRICKELL NEIGHBORHOOD PAC (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10/01/08 through 10/30/08 (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
9/29/08	COLONIAL BANK 1200 BRICKELL MIAMI 33131	B	INT	CASH			.50
1							
10/29/08	COLONIAL BANK	B	INT	CASH			.54
2							
1 1							
1 1							
1 1							
1 1							
1 1							

\$1.04

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ELECTIONS DEPARTMENT