

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

(1) MARIE ERLANDE STERIL
Name

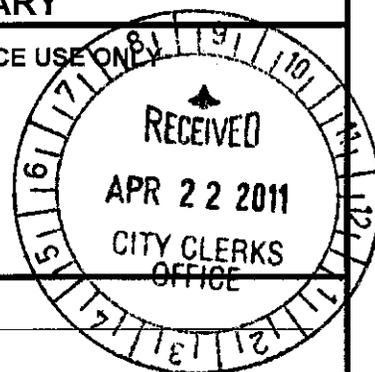
(2) 1005 NW 128 STREET
Address (number and street)

NORTH MIAMI, FL 33168
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY



(4) Check appropriate box(es):

Candidate (office sought): NORTH MIAMI CITY COUNCIL DISTRICT 4

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 04 / 02 / 11 To 04 / 15 / 11 Report Type Q2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00

Loans \$ 0.00

Total Monetary \$ 250.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3,639.28

Transfers to Office Account \$ 0.00

Total Monetary \$ 3,639.28

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 14,955.00

(10) TOTAL Monetary Expenditures To Date

\$ 8,861.89

(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.

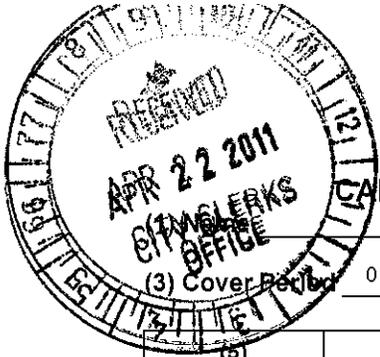
(Type name) MARIE ERLANDE STERIL
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) MARIE ERLANDE STERIL
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

[Signature]
Signature



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

MARIE ERLANDE STERIL

(2) I.D. Number _____

(3) Cover Period 04 / 02 / 2011 through 04 / 15 / 2011

(4) Page 1 of 2

(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
04 / 02 / 11	BOARD OF COUNTY COMMISSIONERS MIAMI DADE	DATA	MON		\$15.00
19					
04 / 06 / 11	OFFICE DEPOT NORTH MIAMI	OFFICE SUPPLY	MON		\$73.76
20					
04 / 11 / 11	DANIELLA JEAN 13130 NW 7 AVENUE NORTH MIAMI, FL 33168	CLERICAL WORK	MON		\$200.00
21					
04 / 12 / 11	CITY OF NORTH MIAMI NORTH MIAMI	QUALIFYING FEES	MON		\$1,710.00
22					
04 / 13 / 11	US POSTAL MASTER MIAMI	STAMPS	MON		\$454.00
23					
04 / 13 / 11	ELECTION TRUST FUND NORTH MIAMI	FEES	MON		\$342.00
23					
04 / 13 / 11	MR. COPY 3683 NW 135 STREET OPA LOCKA, FL 33056	LITTERATURE	MON		\$275.00
24					
04 / 13 / 11	WALGREENS NORTH MIAMI	OFFICE SUPPLIES	MON		\$29.52
25					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARIE ERLANDE STERIL

(2) I.D. Number _____

(3) Cover Period 04 / 02 / 11 through 04 / 15 / 11

(4) Page 2 of 2

(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					
04 / 14 / 11	WLQY RADIO STATION 1055 NE 125 STREET NORTH MIAMI, FL 33161	RADIO ADVERTISING			\$310.00
26					
04 / 14 / 11	LOUISE PIERRE 7610 NE 3RD PL MIAMI, FL 33137	CATERING FOR FAMILY FUN DAY	MON		\$230.00
27					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARIE ERLANDE STERIL (2) I.D. Number _____

(3) Cover Period 04 / 02 / 2011 through 04 / 15 / 2011 (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							
04 / 14 / 11	ROBERTA SEGAL 1065 NE 125 ST # 405 NORTH MIAMI, FL 33161	CH	BUSINESS				100.00
71							
04 / 15 / 11	KANOL ISIDORE 4100 TRIPLE CROWN CT DAVIE, FL 33330	CH	ENTREPR ENEUR				150.00
72							
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