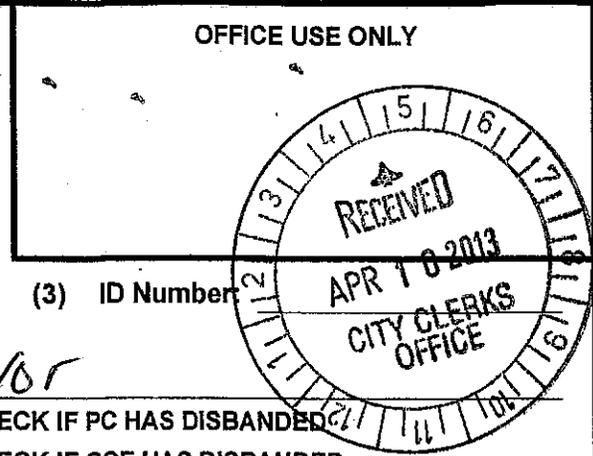


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MODIRA Escarment
Name
(2) 580 NW 126 St
Address (number and street)
N. Miami H 33168
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED

(3) ID Number

(4) Check appropriate box(es):
 Candidate (office sought): MAYOR

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 3 19 13 To 4 10 13 Report Type FINANCIAL
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1000-
Loans \$ 29800
Total Monetary \$ 30800
In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 30,800
Transfers to Office Account \$ 29,800
Total Monetary \$ 430,800

(8) Other Distributions \$ NA

(9) TOTAL Monetary Contributions To Date
\$ 1000-

(10) TOTAL Monetary Expenditures To Date
\$ 30,880

(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) MAGDALA NICLASSE
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Magdalen Niclasse
Signature

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

(Type name) Paul M. Escarment
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

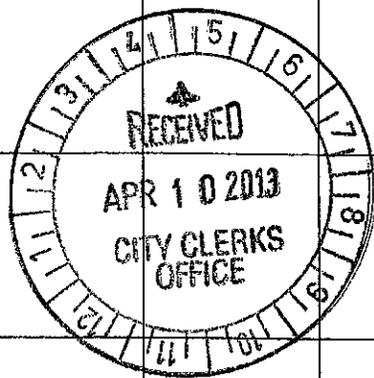
X Paul M. Escarment
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MAGDALA NICLASSE (2) I.D. Number _____

(3) Cover Period 0 1 1 through 4 7 10 13 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____

(4) Page _____ of _____

(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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