

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

(1) JACQUES DESPINOSSE  
Name

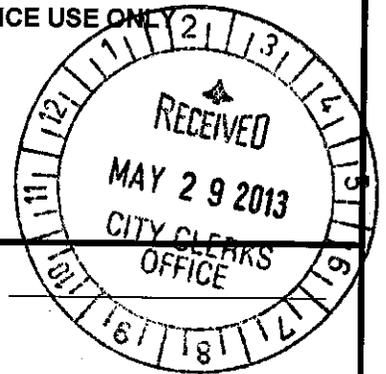
(2) 12811 WEST DIXIE HIGHWAY  
Address (number and street)

NORTH MIAMI, FL 33161  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY



(4) Check appropriate box(es):

Candidate (office sought): CITY COUNCIL DISTRICT 3

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 / 20 / 2013 To 05 / 09 / 2013 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 350.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 350.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 135.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 135.00

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 15,830.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 13,850.21

**(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) CLARANCE PATTERSON

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Clarence Patterson  
Signature

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

(Type name) JACQUES DESPINOSSE

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

**X** Jacques Despinosse  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JACQUES DESPINOSSE (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 04 / 20 / 2013 through 05 / 09 / 2013 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 05 / 05 / 13<br>01        | JP Morgan Chase Bank   | Account Fees<br>(August 2012<br>to April 2013)                             | CHE                        | ADD               | \$135.00       |
| ///                       |  |  |                            |                   |                |
| ///                       |  |  |                            |                   |                |
| ///                       |  |  |                            |                   |                |
| ///                       |  |  |                            |                   |                |
| ///                       |  |  |                            |                   |                |
| ///                       |  |  |                            |                   |                |
| ///                       |  |  |                            |                   |                |
| ///                       |  |  |                            |                   |                |



# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JACQUES DESPINOSSE (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 20 / 2013 through 05 / 09 / 2013 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |                    | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|--------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation         |                             |                                |                   |                |
| 04 / 28 / 13              | Scott Galvin<br>1755 NE 137 Ter<br>N. Miami 33181  | I                  | Admini-<br>strator | CHE                         |                                | ADD               | 100.00         |
| 25                        |  |                    |                    |                             |                                |                   |                |
| 05 / 06 / 13              | Medical Rehab<br>Clinic of Broward<br>1528 NE 47 Ave<br>Ft. Lauderdale<br>33304                | B                  |                    | CHE                         |                                | ADD               | 250.00         |
| 26                        |  |                    |                    |                             |                                |                   |                |
| / /                       |  |                    |                    |                             |                                |                   |                |
| / /                       |  |                    |                    |                             |                                |                   |                |
| / /                       |  |                    |                    |                             |                                |                   |                |
| / /                       |  |                    |                    |                             |                                |                   |                |
| / /                       |  |                    |                    |                             |                                |                   |                |
| / /                       |  |                    |                    |                             |                                |                   |                |
| / /                       |  |                    |                    |                             |                                |                   |                |

