

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

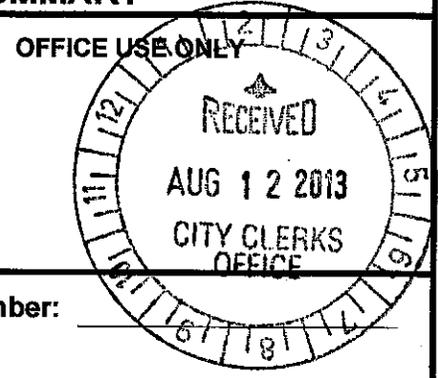
(1) JACQUES DESPINOSSE
Name

(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: _____



(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 05 / 10 / 13 To 05 / 30 / 13 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00

Loans \$ _____

Total Monetary \$ 250.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date

\$ 21,570.00

(10) TOTAL Monetary Expenditures To Date

\$ 19,439.47

(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 CONTRIBUTIONS

(1) Name JACQUES DESPINOSSE (2) I.D. Number _____

(3) Cover Period 05 / 10 / 13 through 05 / 31 / 13 (4) Page _____ of _____

(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
05 / 29 / 13	Latino Medical Center 16600 NE 8th Ave N. Miami Bch 33162	B		CHE		ADD	250.00
22							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

