

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

(1) Gloria Gonzalez-Meyer
Name
 (2) 3100 Ponce de Leon Blvd.
Address (number and street)
Coral Gables, FL 33134
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1034830]
 Submitted on:
 4/9/2012 10:31:59 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 1048

(4) Check appropriate box(es):

- Candidate (office sought): County Court Judge Group 14
- 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 10/1/2011 To 12/31/2011 Report Type Q4-11
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>-250.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-250.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 57,758.00

(10) TOTAL Monetary Expenditures To Date
 \$ 0.00

(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) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

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

(Type name) _____

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

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gloria Gonzalez-Meyer (2) I.D. Number 1048

10/1/2011 through 12/31/2011

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
12/15/2011 / /	Doctors Professional Medical C, 8150 SW 8 St. Miami, Fl 33144	B	clinic	CH		Delete	\$250.00
1							
12/15/2011 / /	Doctors Professional Medical C, 8150 SW 8 St. Miami, Fl 33144	B	clinic	CH		Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gloria Gonzalez-Meyer

(2) I.D. Number 1048

(3) Cover Period 10/1/2011 through 12/31/2011

(4) Page 1 of 0

(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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