FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Victoria del Pino Candidate, Committee or Party Name **(2)** 370 I.D. Number (3) _____5040 NW 7th Street, Suite 750, Miami, FL 33126 Address (number and street) Zip Code Check box if address has changed since last report **(4)** Check appropriate box(es): X Candidate (office sought) County Court Judge Group 09 Political Committee ☐ Check if PC has DISBANDED Committee of Continuous Existance Check if CCE has DISBANDED ☐ Party Executive Committee (5) Report Identifiers 7/1/2005 - 9/30/2005 Report Type: Q3-05 Cover Period: Original X Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ ______ 29.75 \$ _____0.00 Cash & Checks **Expenditures** Transfers to Office \$_____0.00 \$_____0.00 Loans Account \$____0.00 Total Monetary Total Monetary \$_____0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 26,275.00 29.75 (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 I certify that I have examined this report and it is true, correct and complete. true, correct and complete. Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

1) Name Victoria del Pino				_ (2)	l.D. Numbei	370	
3) Cover Period 7/1/2005 - 9/30/2005				1 of0			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(2) I.D. Number ______370 (1) Name Victoria del Pino (4) Page _____1 of ___1 (3) Cover Period 7/1/2005 - 9/30/2005 (5) **(7)** (8) (9) (10) (11) **Full Name Purpose** Date (Last, Suffix, First, Middle) (add office sought if) (6) contribution to a Sequence **Street Address &** Expenditure Number City, State, Zip Code candidate Type Amendment Amount Mellon Bank c/o Deluxe Checkschecks and MO Add \$29.75 7/19/2005 2109 Ponce de Leon Blvd. deposit Coral Gables, FL 33134 campaigna slips for 1 ccount