(8) Other Distributions \$, 000
Name
Address (number and street) Doral, FL 33178 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Council Seat 4 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Identifiers Cover Period: From 7 / 1 / 2018 To 7 / 31 / 2018 Report Type: M07 Original Amendment Special Election Report (6) Contributions This Report Cash & Checks \$, , , 0 . 00 Loans \$, , 0 . 00 Total Monetary \$, , 0 . 00 In-Kind \$, , , 0 . 00 (8) Other Distributions Submitted on: 2/9/2019 13:45:40 (eastern) 33 (4) Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if PC or ECO has disbanded Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if PTY has disbanded Check here if PC or ECO has disbanded Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if PC or ECO has disb
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Cover Period: From 7 / 1 / 2018 To 7 / 31 / 2018 Report Type: M07 Goriginal Amendment Special Election Report Goriginal Special Election Report Goriginal Transfers to Contributions Cash & Checks Special Election Report Monetary Expenditures This Report Monetary Expenditures Transfers to Office Account Office Account Total Monetary Total Monetary Monetary Total Monetary Total Monetary Total Monetary Total Monetary Total Monetary Total Monetary Total Monetary Total Monetary Total Monetary MO Total Monetary Total Monetary MO Total Monetary Total Monetary MO Total Monetary Total Monetary
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Total Monetary \$,,,
In-Kind \$,,0 . 00 (8) Other Distributions \$,,0 . 00
\$
(9) TOTAL Monetary Contributions To Date (10) TOTAL Monetary Expenditures To Date
\$, <u>65</u> , <u>894</u> . <u>88</u> \$, <u>52</u> , <u>186</u> . <u>99</u>
(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) (Type name) □ Individual (only for IE or electioneering comm.) □ Treasurer □ Deputy Treasurer □ Candidate □ Chairperson (only for PC and PTY)
X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Digna Cabral		(2) I.D. Number						
7/1/2018 (3) Cover Period//		7		/31/2018					
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Distributors, INC.,	Туре	(8) ontributor Occupation business	(9) Contribution Type CH	(10) In-kind Description	(11) Amendment Delete	(12) Amount \$1,000.0		
7/17/2018	Sunshine Gasoline 1650 NW 87th Ave. Miami, Fl 33172								
7/17/2018	Distributors, INC., Sunshine Gasoline 1650 NW 87th Ave. Miami, Fl 33172		gas distributo rs	СН		Add	\$1,000.0		
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1 1									

1) Name Digna	Cabral		ED EXPENDIT (2) I.D. Numbe		33		
3) Cover Period	7/1/2018 / /	7 / through		(4) Page <u>1</u>	1 of 0		
					360		
(5) Date (6) Sequence Number	(7 Full N (Last, Suffix, I Street Ad City, State,	ame First, Middle) dress &	(8) Purpose (add office sough contribution to candidate)		(10) Amendment	(11) Amount	
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