

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Liliana Campa
 Name
 (2) 4401 NW 87 Avenue
 Address (number and street)
Doral, FL 33178
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1183793]

Submitted on:
 2/4/2019 13:21:18 (eastern)

Check here if address has changed

(3) ID Number: 40

(4) Check appropriate box(es):

- Candidate Office Sought: Council Seat 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 20 / 2018 To 11 / 1 / 2018 Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 177 . 25

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 177 . 25

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 3 , 400 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 117 . 32

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Liliana Campa (2) I.D. Number 40

10/20/2018 through 11/1/2018

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

| (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 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Liliana Campa

(2) I.D. Number 40

(3) Cover Period 10/20/2018 through 11/1/2018

(4) Page 1 of 1

| (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 | | | | | |
| 11/1/2018 // | campa, liliana 4401 NW 87TH AVE UNIT 515 DORAL, FL 33178 | repay loan | MO | Add | \$177.25 |
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