

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARIA E GONZALEZ  
 Name  
 (2) PO BOX 2633  
 Address (number and street)  
FORT MYERS, FL 33902  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1172916]  
 Submitted on:  
 9/19/2018 10:18:31 (eastern)

Check here if address has changed (3) ID Number: 1382

(4) Check appropriate box(es):  
 Candidate Office Sought: COUNTY COURT JUDGE-GRP 7  
 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 8 / 24 / 2018 To 11 / 26 / 2018 Report Type: TRP  
 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 \$        , 3 , 000 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        , 3 , 000 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 108 , 990 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 108 , 990 . 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 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 MARIA E GONZALEZ (2) I.D. Number 1382

8/24/2018 through 11/26/2018

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

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MARIA E GONZALEZ

(2) I.D. Number 1382

(3) Cover Period 8/24/2018 through 11/26/2018

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 8/29/2018<br>/ /          | Pearlman, Dennis<br>1316 Jambalana Lane<br>Ft. Myers, FL 33901                                 | consulting   | MO                         |                   | \$3,000.00     |
| 1                         |  |  |                            |                   |                |
| 9/5/2018<br>/ /           | Gonzalez, Maria<br>P.O. Box 2633<br>Ft. Myers, FL 33902  | repayment<br>of loan   | DI                         |                   | \$18,498.81    |
| 2                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
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| / /                       |  |  |                            |                   |                |