

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

(1) Michaëlle Gonzalez-Paulson  
**Name**  
 (2) 1200 NW 78th Avenue  
**Address (number and street)**  
Doral, FL 33126  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1020709]  
 Submitted on:  
 8/19/2010 10:59:37 (eastern)

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: 735

**(4) Check appropriate box(es):**

- Candidate (office sought): County Court Judge Group 11
- Political Committee  **CHECK IF PC HAS DISBANDED**
- Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**
- Party Executive Committee
- Electioneering Communication  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/17/2010 To 7/30/2010 / Report Type F2-10  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>19.26</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>19.26</u>

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 19,893.22

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 17,797.88

**(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     Michaëlle Gonzalez-Paulson     (2) I.D. Number     735    

7/17/2010 7/30/2010

(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 Michaëlle Gonzalez-Paulson

(2) I.D. Number 735

(3) Cover Period 7/17/2010 through 7/30/2010

(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					
7/19/2010 //	Office Max, 915 N. Homestead Blvd Homestead, FL 33030	supplies	MO	Add	\$19.26
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