

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

(1) Maria D. Ortiz
Name
(2) 1351 NW 12th Street
Address (number and street)
Miami, FL 33125
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1034422]
Submitted on:
4/6/2012 11:17:28 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1012

(4) Check appropriate box(es):
 Candidate (office sought): County Court Judge Group 26
 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 1/1/2012 To 3/31/2012 Report Type Q1-12
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>9,550.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>9,550.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>244.65</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>244.65</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 15,600.00

(10) TOTAL Monetary Expenditures To Date
\$ 707.06

(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) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Maria D. Ortiz

(2) I.D. Number 1012

(3) Cover Period 1/1/2012 through 3/31/2012

(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					
1/28/2012 / /	Daniel's Offset Printing, 19085 West Dixie Highway North Miami Beach, FL 33180	stationery	MO		\$121.45
1					
3/20/2012 / /	Maria D. Ortiz, c/o 1351 NW 12 Street Miami, FL 33125	reimburse postage stamps	RE		\$123.20
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					