

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

(1) Ernesto Castellanos  
**Name**  
 (2) 2220 NW 2nd Street  
**Address (number and street)**  
Miami, FL 33125  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1035172]  
 Submitted on:  
 4/9/2012 19:25:38 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 1046

(4) **Check appropriate box(es):**  
 Candidate (office sought): Property Appraiser  
 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>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>-30.12</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-30.12</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 1,230.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 1,165.31

**(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 <b>X</b> _____ 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) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ernesto Castellanos (2) I.D. Number 1046

1/1/2012 through 3/31/2012

(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 Ernesto Castellanos

(2) I.D. Number 1046

(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					
1/9/2012 //	Liberty Gas Station, 1600 SW 27t h Ave Miami, FL 33145	gasoline	MO	Delete	\$30.00
1					
1/17/2012 //	Opa-Locka Hardware, 700 Opa-Locka Blvd. Opa-Locka, FL 33054	mountingtie	MO	Add	\$5.88
2					
1/26/2012 //	Liberty Gas Station, 1600 SW 27th Ave Miami, FL	gasoline	MO	Delete	\$6.00
3					
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