

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

(1) Diana Gonzalez  
**Name**

(2) P.O. BOX 2654  
**Address (number and street)**

Miami, FL 33116  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

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

**Candidate (office sought):** County Court Judge Group 10

**Political Committee**

**Committee of Continuous Existence**

**Party Executive Committee**

**Electioneering Communication**

**CHECK IF PC HAS DISBANDED**

**CHECK IF CCE HAS DISBANDED**

**CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1053748]

Submitted on:  
3/19/2013 15:27:52 (eastern)

(3) **ID Number:** 1107

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2012 / 7/6/2012 To 7/6/2012 / 7/6/2012 Report Type F1-12

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>300.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>300.00</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 30,290.32

**(10) TOTAL Monetary Expenditures To Date**  
\$ 29,925.66

**(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 Diana Gonzalez (2) I.D. Number 1107

4/1/2012 through 7/6/2012

(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 Diana Gonzalez

(2) I.D. Number 1107

(3) Cover Period 4/1/2012 through 7/6/2012

(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					
6/18/2012 / /	Flores, Maria 501 SW 42 Ave Miami, FL 33134	consultant fee	MO	Add	\$300.00
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