

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

(1) Lourdes Cambó  
**Name**  
 (2) 1909 SW 27th Avenue  
**Address (number and street)**  
Miami, FL 33145  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1050735]  
 Submitted on:  
 12/6/2012 17:58:39 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 1119

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

- Candidate (office sought): County Court Judge Group 40  
 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 8/10/2012 To 11/12/2012 Report Type TR-F  
 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>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 28,010.45

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 27,585.55

**(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     Lourdes Cambó     (2) I.D. Number     1119    

8/10/2012 11/12/2012

(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 Lourdes Cambó

(2) I.D. Number 1119

(3) Cover Period 8/10/2012 through 11/12/2012

(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
8/14/2012 //	X, X X x, x x	x	MO	Delete	\$40.00
1					
8/14/2012 //	Miami Cuban Lions Club, 5201 Blue Lagoon Drive 9th FL Miami, FL 33126	networking event	MO	Add	\$40.00
2					
8/16/2012 //	Regions Bank, 2151 Le June Road Coral Gables, FL 33134	bank fee	MO	Delete	\$15.00
3					
8/16/2012 //	Cuban American Patriots, 1221 Brickell Ave 900 MIami, FL 33131	networking event	MO	Add	\$15.00
4					
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