	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Eddy Gonzalez	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	6080 East 4th Avenue	[1081661]								
	Address (number and street)	Submitted on:								
	Hialeah, FL 33013	11/10/2014 16:06:40 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1299								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: Property Appraiser</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 8 / 9 / 2014 To	8 / 21 / 2014 Report Type: 14P7								
□ 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$ ,1 , <u>000</u> . <u>00</u>	Monetary								
Loar	s , , , , 000	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ ,1 ,00000	Total Monetary \$ , , 29 . 30								
In-Ki	nd \$,,,0 . 00									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>410</u> , <u>974</u> . <u>40</u>								
<u>(T</u>	(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 IE									
X	en et ure	X Signature								
51	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Eddy Gonzalez			2) I.D. Numb	er	299
	8/9/2014		8/21/2014			
(3) Cover Peri	od / /	through	_ 11	(4) Pag	ge <sup>1</sup>	of <sup>1</sup>
		, 1000 C				
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupatio	20 x0 30 x0 x0 x0 x0 x1 x x x x x x x x x x x x	Description	Amendment	Amount
	GONZALEZ, RAINIER	I healthca		W	Add	\$1,000.0
8/13/2014	3822 SW 167 TERRACE	ceo				
, ,	MIRAMAR, FL 33027					
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	ddy	Gonza	lez	The Paris of the P			2000 Ltd. 1000 Ltd. 1000 Ltd.	 (2) I.D. Nur	nber	-	1299	200
		8/9/	20	14		8/21/2	2014	-				
(3) Cover Pe	eriod			1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/13/2014	PAYPAL, 2211 NORTH FIRST STREET	paypal fees	MO	Add	\$29.30
1	SAN JOSE, CA 95131				
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DS-DE 14 (Rev.					