CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Eleane Sosa-Bruzon	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	8004 NW 154th Street; #577	Submitted on:							
	Address (number and street)	1/30/2019 21:08:48 (eastern)							
	Miami Lakes, FL 33016  City, State, Zip Code	` `							
		(3) ID Number: 2008							
(4)	Check here if address has changed	(3) ID Number: 2008							
(4)	Check appropriate box(es):  Candidate Office Sought: County Court Judge Group 33  Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
Cove	er Period: From 8 / 24 / 2018 To	11 / 26 / 2018 Report Type: 18TRF							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	h & Checks \$ , , 000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota In-Ki	I Monetary \$,,,0 ind \$ , , , 0 . 00	Total Monetary \$ ,1 , 791 . 43							
		(8) Other Distributions \$ , , 000							
(9)	TOTAL Monetary Contributions To Date \$ ,60 ,05595	(10) TOTAL Monetary Expenditures To Date \$ ,60 ,05595							
(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									
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Eleane Sosa-Bruzon				2) I.D. Numbe	er	008
(3) Cover Perio	8/24/2018 od///	thro	1 ough	1/26/2018 //	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name <u> </u>	Eleane	Sosa-I	Bruzon				 (2) I.D. Nun	nber	2	2008	
		8/24/2	2018		11/26/	2018					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
10/19/2018	Sosa-Bruzon, Eleane 7004 NW 154th Street Miami Lakes, FL 33016	correcting reimbursment to candidate	RM	Add	\$-4,834.39
10/19/2018	Sosa-Bruzon, Eleane 7004 NW 154 Street Miami Lakes, FL 33016	reimbursement to candidate	RM	Add	\$3,042.96
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