CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Ivonne Cuesta	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1148134]							
(2)	782 NW 42nd Avenue; Suite 448	Submitted on:							
	Address (number and street)	1/10/2018 15:31:57 (eastern)							
	Miami, FL 33126								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
	 ☐ County Court Judge Group 27 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
	(5) Report	t Identifiers							
Cov	., .	6 / 30 / 2017 Report Type: 17M06							
	riginal Amendment Sp	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , <u>250</u> . <u>00</u>	Monetary							
Loans \$,,,000		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>250</u> . <u>00</u>	T. I.							
In-Ki	ind \$,,, <u>0</u> .00	Total Monetary \$, , 0 . 00							
		(8) Other Distributions \$, , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$, , 596 80							
(T		rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)							
_X		_X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Ivonne Cuesta	(2) I.D. Number						
6/1/2017			6/30/2017					
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	je	of	
		ľ			Г	T		
(5) _	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Sequence Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
,	Partners, Biscayne	В	law firm	СН		Add	\$250.0	
6/1/2017	Law							
, ,	169 E. Flagler Street Suite 700							
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(1) Name <u>Ivonn</u>	CAMPAIGN TREASURER'S F ne Cuesta		ZED EXPENDITURES (2) I.D. Number			
	6/1/2017 6/	30/2017				
(3) Cover Period	/through	_/(1) Page <u>1</u>	of_	0	
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose	(9)	(10)	(11)	
(6) Sequence Number		(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
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