CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Ivonne Cuesta	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1145026]							
(2)	782 NW 42nd Avenue; Suite 448	Submitted on:							
	Address (number and street)	10/6/2017 11:21:18 (eastern)							
	Miami, FL 33126								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:2009							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: County Court ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) 	Judge Group 27 ☐ Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed								
(5) Report Identifiers									
Cove	er Period: From $9 / 1 / 2017$ To	9 / 30 / 2017 Report Type:17M09							
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$,1 , <u>000</u> . <u>00</u>	Monetary							
Loans \$,,,000		Transfers to Office Account \$, , 0 . 00							
Total Monetary \$,1 , _00000		Total Monetary \$, , , 0 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>12</u> , <u>950</u> . <u>00</u>	\$,, <u>196</u> . <u>10</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:									
(T	ype name)	(Type name)							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		x							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number									
	9/1/2017 od///		9	/30/2017	(4) Pag	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
9/22/2017	Management Corp., National General 5630 University Parkway P.O. Box 3199	В	insurance firm	СН	Безсприон		\$1,000.0		
1	Winston-Salem, NC 27102-31	99							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number								
(3) Cover Period	9/1/2017 /through_	9/30/2017	(4) Page1	of_	0			
(5) Date (6) Sequence Number	(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)	(11) Amount			
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