

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gina Beovides  
 Name  
 (2) 3100 Ponce de Leon Blvd.; Suite 1-7  
 Address (number and street)  
Coral Gables, FL 33134  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1149241]

Submitted on:  
 2/9/2018 13:50:27 (eastern)

Check here if address has changed

(3) ID Number: 2019

(4) Check appropriate box(es):

- Candidate Office Sought: County Court Judge Group 39
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  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

Cover Period: From 1 / 1 / 2018 To 1 / 31 / 2018 Report Type: 18M01

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 100 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 100 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 300 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 300 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 72 , 328 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 770 . 70

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gina Beovides (2) I.D. Number 2019  
 (3) Cover Period 1/1/2018 through 1/31/2018 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|------------------------------------------------------------------------------------------------|--------------------|------------|---------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |                                                                                                | Type               | Occupation | Type                |                                |                   |                |
| 1/31/2018<br>/ /          | LAW OFFICES<br>-MICHAEL S HACKER,<br>4000 PONCE DE LEON BLVD<br>#700<br>CORAL GABLES, FL 33146 | B                  | law firm   | CH                  |                                |                   | \$100.00       |
| 1                         |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |
| / /                       |                                                                                                |                    |            |                     |                                |                   |                |

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gina Beovides

(2) I.D. Number 2019

(3) Cover Period 1/1/2018 through 1/31/2018

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |                                                                                                |                                                                            |                            |                   |                |
| 1/19/2018<br>//           | CUBAN AMERICAN BAR<br>ASSOCIATION,<br>1779 NW 28 STREET<br>MIAMI, FL 33142                     | ticketed<br>event                                                          | MO                         |                   | \$300.00       |
| 1                         |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |