CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Diana Gonzalez-Whyte	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	2103 Coral Way; #306	Submitted on:							
	Address (number and street)	10/9/2017 08:37:59 (eastern)							
	Miami, FL 33145 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 2024							
(4)	Check appropriate box(es):								
	Candidate Office Sought: County Court Judge Group 10 Political Committee (PC) Electioneering Communications Org. (ECO)								
	(5) Report	dentifiers							
Cov		9 / 30 / 2017 Report Type: 17M09							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , <u>250</u> . <u>00</u>	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>250</u> . <u>00</u>	Total Monetary \$, , 50 . 00							
In-Ki	ind \$,,,000								
		(8) Other Distributions \$, , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$, 2 , _550 \cdot _ 11 \$ \$, , , _579 \cdot _ 41								
(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		<u>X</u>							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Diana Gonzalez-Whyt	.e	(2) I.D. Number	r2	2024	
	9/1/2017		9	/30/2017			
(3) Cover Per	iod / /	thro	ough	11_	(4) Page	1	of 1
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
9/17/2017	Garci, Luis 1131 sw 4th Avenue miami, fl 33130	Í	engineer	СН	A1		\$250.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Diana	a Gor	ızale	z-Whyt	te			 (2) I.D. Nun	nber	2	2024	
	9/	1/201	.7		9/30/2	2017					
(3) Cover Period		1	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
9/30/2017	Monserrate, Restaurante 2093 Coral Way, Miami, , FL 33145	deposit for fundraiser	МО		\$50.00
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