CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Laura Shearon Cruz	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1825 Ponce De Leon Blvd; #75	Submitted on:							
	Address (number and street)	8/9/2019 17:04:39 (eastern)							
	Coral Gables, FL 33134								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:2251							
(4)	Check appropriate box(es):								
	<ul> <li>         ☐ Candidate Office Sought: 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         ☐ Check here if no oth</li></ul>								
	(5) Report	Identifiers							
Cove	.,.	7 / <u>31</u> / <u>2019</u> Report Type: <u>19M0</u> 7							
<u>X</u> 0	riginal Amendment Sp	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , ,000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , 0 . <u>00</u>	Total Monetary \$ , , 12 . 00							
In-Ki	and \$,,, _0 . 00								
		(8) Other Distributions \$ , , 000_							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$	(10) TOTAL Monetary Expenditures To Date \$ , , 1200							
(T	(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		X Signature							
Si	gnature	ı Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Laura Shearon Cruz				2) I.D. Numbe	r	251
	7/1/2019		7	/31/2019			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	a 1	of
÷							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name						
Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Laura	Shearon	Cruz				 (2) I.D. Num	ber	2	2251	30
		7/1/203	19		7/31/2	019					
(3) Cover Pe	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
7/31/2019	BANKUNITED NA, 7815 NW 148TH ST MIAMI LAKES, FL 33016	bank service charges	MO		\$12.00
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