	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Marcela Gomez-Bogomolni	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1195116]								
(2)	1380 NE Miami Gardens Dr.; Suite 207	Submitted on:								
	Address (number and street) North Miami Beach, FL 33179	11/21/2019 17:03:57 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 2287								
(4)	Check appropriate box(es):									
	 ☐ Candidate Office Sought: School Board District 03 ☐ 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	Identifiers								
Cove	er Period: From <u>10</u> / <u>1</u> / <u>2019</u> To									
	riginal Amendment Spe	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 \$, , , 000	Total Monetary \$, , 0 . 00								
In-Ki	ind \$, , <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date \$, 2 ,70481_	(10) TOTAL Monetary Expenditures To Date \$, 1 , _09619								
(T	N Z	tification on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)								
X		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	rcela Gome	ez-Bogomolni			(2) I.D. Number			2287		
	10/1/20			10/31	L/2019					
(3) Cover Period	7	1	through	1	1	(4) Page	1	of $\frac{1}{2}$		

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type		Contribution Type	In-kind Description	Amendment	Amount
10/10/2019	Marcela, Gomez I 1885 NE 208 Terrace, Miami, FL 33179	S	business owner	LO		Delete	\$900.0
10/10/2019	Marcela, Gomez I 1885 NE 208 Terrace, Miami, FL 33179	S	clinical social worker	LO		Add	\$900.0
10/11/2019	Mauro, Guerra I 6401 SW 87 Ave Miami, Fl 33176	I	business owner	СН		Delete	\$485.2
3	Induity 11 55176						
10/11/2019	Mauro, Guerra I 6401 SW 87 Ave Miami, Fl 33176	I	financier	СН		Add	\$485.2
10/18/2019 <i>j</i> 5	Guerra, Mauro I 6401 SW 87 Ave Miami, Fl 33179	I	business owner	СН		Delete	\$145.3
10/18/2019	Guerra, Mauro I 6401 SW 87 Ave Miami, Fl 33179	I	financier	СН		Add	\$145.3
1 1							
1 1							

1) Name Marcel	a Gomez-Bogomolni		IZED EXPENDITURES (2) I.D. Number				
3) Cover Period _	10/1/2019 /through	10/31/2019	(4) Page <u>1</u>	of	0		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sough contribution to a candidate)	t if Expenditure	(10)	(11) Amount		
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