

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michelle Marie Urbistondo  
 Name  
 (2) 2600 S. Douglas Road; Suite 800  
 Address (number and street)  
Coral Gables, FL 33134  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1299744]  
 Submitted on:  
 10/4/2023 15:37:44 (eastern)

Check here if address has changed (3) ID Number: 2650

(4) Check appropriate box(es):  
 Candidate Office Sought: County Court Judge Group 04  
 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 6 / 1 / 2023 To 6 / 30 / 2023 Report Type: 23M06  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , -12 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , -12 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 14 , 950 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 2 , 379 . 85

### (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 Michelle Marie Urbistondo (2) I.D. Number 2650

6/1/2023 6/30/2023

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michelle Marie Urbistondo

(2) I.D. Number 2650

(3) Cover Period 6/1/2023 through 6/30/2023

(4) Page 1 of 1

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
6/7/2023 //	Ocean Bank, 780 NW 42 Ave Miami , FL 33126	refunded fee	RE	Add	\$-12.00
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