

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gabriela Ariana Chirinos  
 Name  
 (2) 245 NE 14 ST, Apt 1409  
 Address (number and street)  
Miami, FL 33132  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1298610]

Submitted on:  
 7/11/2023 13:03:27 (eastern)

Check here if address has changed (3) ID Number: 101

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner District 2

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: M06

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 \$        ,        , 16 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 16 . 00

**(8) Other Distributions**

\$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$        ,        , 200 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$        ,        , 116 . 00

### (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 Gabriela Ariana Chirinos (2) I.D. Number 101

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 Gabriela Ariana Chirinos

(2) I.D. Number 101

(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					
6/1/2023 / /	Bank of America, 701 Brickell Ave Miami, FL 33131	bank charge	MO		\$16.00
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