

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gabriela Ariana Chirinos  
 Name  
 (2) 245 NE 14 ST, Apt 3010  
 Address (number and street)  
Miami, FL 33132  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1303166]

Submitted on:  
 2/1/2024 14:32:09 (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 11 / 3 / 2023 To 2 / 5 / 2024 Report Type: TR

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 \$        ,        , 10 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 10 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 065 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 1 , 078 . 33

### (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

11/3/2023 through 2/5/2024

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

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type      Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|------------------------------------------------------------------------------------------------|--------------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
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| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |

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

(1) Name Gabriela Ariana Chirinos

(2) I.D. Number 101

(3) Cover Period 11/3/2023 through 2/5/2024

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |                                                                                                |                                                                            |                            |                   |                |
| 1/31/2024<br>//           | Wells Fargo Bank,<br>2555 Ponce de Leon<br>Coral Gables, FL 33134                              | bank fee                                                                   | MO                         |                   | \$10.00        |
| 1                         |                                                                                                |                                                                            |                            |                   |                |
| //                        |                                                                                                |                                                                            |                            |                   |                |
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