

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Maggie G. Soriano
 Name
 (2) 9411 SW 227 Lane
 Address (number and street)
Cutler Bay, FL 33190
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1184333]

Submitted on:
 2/8/2019 18:47:52 (eastern)

Check here if address has changed

(3) ID Number: 10

(4) Check appropriate box(es):

- Candidate Office Sought: Council Member Seat 3
- 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 / 16 / 2018 To 2 / 18 / 2019 Report Type: TRR

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 \$, , -0 . 50

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -0 . 50

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 8 , 720 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 8 , 720 . 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 Maggie G. Soriano (2) I.D. Number 10

11/16/2018 through 2/18/2019

(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 Maggie G. Soriano

(2) I.D. Number 10

(3) Cover Period 11/16/2018 through 2/18/2019

(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					
2/7/2019 / /	Soriano, Maggie 9411 SW 227TH LN CUTLER BAY, FL 33190	refund	RE	Delete	\$0.50
1					
2/7/2019 / /	Soriano, Maggie 9411 SW 227TH LN CUTLER BAY, FL 33190	refund	RE	Add	\$0.00
2					
/ /					
/ /					
/ /					
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