

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Maureen Porras
 Name
 (2) 4370 NW 107 Avenue; #104
 Address (number and street)
Doral, FL 33178
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1293840]
 Submitted on:
 3/6/2023 18:45:12 (eastern)

Check here if address has changed

(3) ID Number: 49

(4) Check appropriate box(es):

- Candidate Office Sought: Council Seat 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 12 / 9 / 2022 To 3 / 13 / 2023 Report Type: ROTR

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 \$, , 272 . 93

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 272 . 93

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 48 , 765 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 48 , 765 . 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 Maureen Porras (2) I.D. Number 49

12/9/2022 through 3/13/2023

(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 Maureen Porras

(2) I.D. Number 49

(3) Cover Period 12/9/2022 through 3/13/2023

(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					
12/16/2022 //	Navedo, Massiel 23355 SW 113 Passage Homestead, FL 33032	professional services	MO		\$25.00
1					
12/22/2022 //	Navedo, Massiel 23355 SW 113 Passage Homestead, FL 33032	professional services	MO		\$200.00
2					
12/21/2022 //	Truist, 8699 NW 36 Street Doral, FL 33166	banking fees	MO		\$37.00
3					
1/31/2023 //	Porras, Maureen 4370 Northwest 107th Avenue 104 Doral, FL 33178	reimbursement	RM		\$510.93
4					
1/29/2023 //	City of Doral, 8401 NW 53rd Terrace Miami, FL 33166	sign bond refund	RE		\$-500.00
5					
//					
//					
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