CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Xiomara V. Pazos	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	8816 NW; 143rd Terrace	Submitted on:								
	Address (number and street) Miami Lakes, FL 33018	10/30/2018 11:39:41 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 38								
(4)	Check appropriate box(es):									
	(5) Report	Identifiers								
Cove	er Period: From 10 / 22 / 2018 To	11 / 2 / 2018 Report Type: G3								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , <u>350</u> . <u>00</u>	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , <u>350</u> . <u>00</u>	Total Monetary \$. 532 . 00								
In-Ki	and \$, , 0.00	Total Monetary \$, , <u>532</u> . <u>00</u>								
		(8) Other Distributions \$, , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(T	(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 Treasurer Deputy Treasurer or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)									
<u>X</u>		X Sign at us								
51	gnature	Signature								

(1) Name	Xiomara V. Pazos (2) I.D. Number 38									
	od//	1	1/2/2018	(4) Pag	e	of _1				
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9)	(10) In-kind	(11)	(12)				
Number 10/22/2018 // 1	City, State, Zip Code Llaso, Jorge 665 Glenridge Key Biscayne, FL 33142	Type Occupation I self employee	СН	Description	Amendment	\$300.				
10/22/2018 / /	Campos, Miriam 6801 Dunnon Ct Miami Lakes, FL 33014	I	СН			\$50.				
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Xioman	ra V. Pa	zos				_ (2) I.D. Nun	nber		38	
	10/22/	2018		11/2/20	018		-			
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/22/2018	Regions, 15330 NW 79 Ct Miami Lakes, FL 33016	monthly fee	MO		\$12.00
10/26/2018	Montilla, Maritza 8984 NW 168 Terr Miami Lakes, FL 33018	volunteer	МО		\$420.00
10/26/2018	Derios, Mariaelena 2796 W 71 Pl Hialeah, FL 33016	volunteer	МО		\$100.00
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