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)	11/13/2018 09:36:27 (eastern)						
	Miami Lakes, FL 33018  City, State, Zip Code	<del></del>						
	Check here if address has changed	(3) ID Number: 38						
(4)	Check appropriate box(es):	(4) 12 1141112011						
(-)								
	(5) Report	Identifiers						
Cove	er Period: From <u>11</u> / <u>2</u> / <u>2018</u> To	2 / 4 / 2019 Report Type: <u>TR-G</u>						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$ , , <u>765</u> . <u>90</u>	Monetary						
Loar		Transfers to Office Account \$ , , , 0 . 00						
	I Monetary \$,, <u>765</u> . <u>90</u>	Total Monetary \$ , , <u>814</u> . <u>00</u>						
In-Ki	nd \$,, <u>0</u> .00	(0) Other Distributions						
		(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    Deputy Treasurer or electioneering comm.)  (Type name)  Candidate    Chairperson (only for PC and PTY)							
X		X						
Si	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Xiomara V. Pazos				2) I.D. Numbe	er3	8
	od//		2	/4/2019 ///	(4) Pag	je <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
11/2/2018	Pazos, Xiomara 8816 NW 143 Terr Miami Lakes, FL 33016	S	loan to campaign	СН	Becomplies		\$765.9
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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 Xiom	ara V. P	azos				(2) I.D. Nun	nber	3	8	
	11/2/2	2018		2/4/2019	)					
(3) Cover Period	1 7	1	through	1	I	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
11/6/2018	Sorto, Jose 7710 W 28 Ave Hialeah, FL 33016	volunteer	MO		\$330.00
11/6/2018	Lopez, Nestor 19284 SW 66 St Weston, FL 33332	volunteer	MO		\$80.00
11/6/2018	Sorto, Jose 7710 W 28 Ave Hialeah, FL 33016	volunteer	МО		\$120.00
3 11/3/2018 / 4	Montila, Maritza 8984 NW 168 Terr Miami Lakes, FL 33018	volunteer	МО		\$60.00
11/8/2018	Pazos, Xiomara 8816 NW 143 Terr Miami Lakes, FL 33018	reimbursed back to candidate to close account	RM		\$224.00
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