

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY 2/13

(1) Mavel Lopez
 Name
 (2) PO Box 352734
 Address (number and street)
Miami, FL 33135-0000
 City, State, Zip Code

Check box if address has changed

(3) ID Number: 00000

(4) Check appropriate box(es):
 Candidate (office sought): District 3
 Political Committee Check if PC has DISBANDED
 Committee of Continuous Existence Check if CCE has DISBANDED
 Party Executive Committee Check if no other electoneering communication reports will be filed
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 01/01/2009 To 03/31/2009 Report Type: Q1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT		(7) EXPENDITURES THIS REPORT	
Cash & Checks	<u>\$10,650.00</u>	Monetary Expenditures	<u>\$12,562.29</u>
Loans	<u>\$0.00</u>	Transfers to Office Account	<u>\$0.00</u>
Total Monetary	<u>\$10,650.00</u>	Total Monetary	<u>\$12,562.29</u>
In-Kind	<u>\$1,865.81</u>	(8) Other Distributions	<u>\$0.00</u>
(9) TOTAL Monetary Contributions to Date	<u>\$50,595.00</u>	(10) TOTAL Monetary Expenditures to Date	<u>\$13,794.81</u>

(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 <u>Silvia Lopez</u> <input type="checkbox"/> Individual (only for electioneering commun) <input type="checkbox"/> Treasurer <input checked="" type="checkbox"/> Deputy Treasurer <input checked="" type="checkbox"/> Signature	I certify that I have examined this report and it is true, correct and complete <u>Mavel Lopez</u> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairman (only for PC, PTY & electioneering commun organization) <input checked="" type="checkbox"/> Signature
--	---

FIRST AMENDMENT
 TO REPORT FOR PERIOD
 FROM 1/1/9 TO 3/31/9

