

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Javier Gonzalez, Dist 2 Commission City of Miami

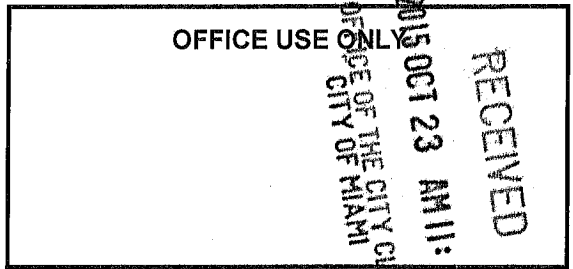
(2) Name
2801 Florida Avenue Suite #3

Address (number and street)
Miami, FL 33133

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es): City of Miami Commissioner District 2

Candidate Office Sought: _____

- | | |
|--|--|
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Party Executive Committee (PTY) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 10 / 03 / 15 To 10 / 16 / 15 Report Type: G2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 850 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 850 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 270 . 78

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , 1 , 270 . 78

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 62 , 070 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 61 , 020 . 53

(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:

Michelle Aguilar
(Type name)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
Signature

Javier Gonzalez
(Type name)

Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Javier Gonzalez, Dist 2 Commission City of Miami

(1) Name _____ (2) I.D. Number _____

(3) Cover Period 10 / 03 / 2015 through 10 / 16 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10 / 12 / 2015	Julie Neitzel 3165 Via Abitare Way Miami, FL 33133	I	Investments	CHE			750.00
1							
10 / 12 / 2015	Jane Potter 3761 Crawford Ave Coconut Grove, FL 33133	I	Publishing	CHE			100.00
2							
/ /							
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Javier Gonzalez, Dist 2 Commission City of Miami

(2) I.D. Number _____

(3) Cover Period 10 / 03 / 2015 through 10 / 16 / 2015

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /	Nothing to report				
/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Javier Gonzalez, Dist 2 Commission City of Miami

(2) I.D. Number _____

(3) Cover Period 10 / 03 / 2015 through 10 / 16 / 2015

(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					
10 / 04 / 2015	Jorge Vasquez 127 Bristol Ave San Antonio, TX 78214	Campaign Work	MON		500.00
1					
10 / 05 / 2015	Elite Media Group 407 Lincoln Road Mall #8 Miami Beach, FL 33139	Campaign Advertisement	MON		588.50
2					
10 / 13 / 2015	Coconut Grove Post Office 3191 Grand Ave Coconut Grove, FL 33133	Campaign Mailing	MON		98.00
3					
10 / 15 / 2015	Office Depot 2690 Coral Way Miami, FL 33145	Campaign Mailing	MON		84.28
4					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Javier Gonzalez, Dist2 Commission City of Miami (2) I.D. Number _____

(3) Cover Period 10 / 03 / 2015 through 10 / 16 / 2015 (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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
/ /	Nothing to report					
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