

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FERNANDO GODO

Name

(2) 4271 W 18th Ct

Address (number and street)

Hialeah, FL 33012

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

(4) Check appropriate box(es):

Candidate Office Sought: Hialeah City Council (Group 2)

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08 / 01 / 19 To 08 / 31 / 19 Report Type: M8

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 600 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 600 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 310 . 00

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

Total Monetary \$ _____ , _____ , 310 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 860 . 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) ANDY ALFONSO

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

X _____
Signature

(Type name) FERNANDO GODO

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 08 / 01 / 19 through 08 / 31 / 19 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
08 / 05 / 19	Godo, Fernando 4271 W 18 Ct Hialeah, FL 33012	S	Self	CAS	N/A	N/A	600.00 USD
1							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FERNANDO GODO

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 19 through 08 / 31 / 19

(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					
08 / 07 / 19	Margarita Armona 1260 Drexell Ave #5 Miami Beach, FL	Marketing	MON	N/A	\$ 300.00
1					
08 / 30 / 19	FirstBank Florida 1325 W 49th St, Hialeah, FL 33012	Bank Fee	MON	N/A	\$ 10.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					