

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) VIVIAN CASALS-MUNOZ
 Name
 (2) 8015 WEST 14th Avenue
 Address (number and street)
HIALEAH, FL 33014
 City, State, Zip Code

OFFICE USE ONLY

JAN1121 4:43PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR OF CITY OF HIALEAH
- 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 12 / 01 / 2020 To 12 / 31 / 2020 Report Type: 2020 - M12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 8 , 500 . 00

Loans \$, , .

Total Monetary \$, 8 , 500 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 0

Transfers to Office Account \$, , .

Total Monetary \$, , 0 . 0

(8) Other Distributions

\$, , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$, 8 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 0 . 0

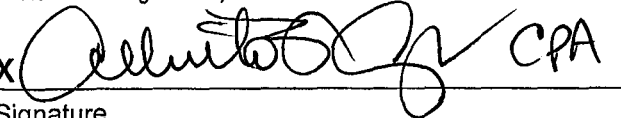
(11) Certification

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:

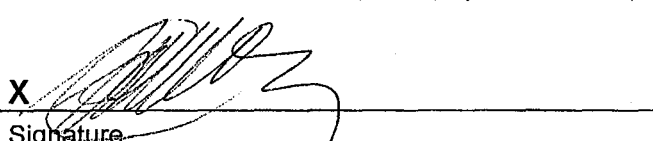
ALBERTO M. AGUIAR
 (Type name)

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

X  CPA
 Signature

(Type name) VIVIAN CASALS-MUNOZ

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name VIVIAN CASALS-MUNOZ

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 20 through 12 / 31 / 20

(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
12, 01, 20	RIVELA FENCE Corp 880 W 20 Street HIALEAH, FL 33010	B	FENCE COMPANY	CHE			1,000.-
1							
12, 01, 20	MIAMI MEDICS HEALTH 8080 WEST FLAGLER ST SUITE 2 B MIAMI, FL 33144	B	HEALTH CARE PROVIDER	CHE			1,000.-
2							
12, 01, 20	COMMUNITY MENTAL HEALTH OF MIAMI 8080 WEST FLAGLER ST MIAMI, FL 33144	B	HEALTH CARE PROVIDER	CHE			500.-
3							
12, 16, 20	EMERIO INC 1490 WEST 68 ST SUITE 204 HIALEAH, FL 33014	B	INVESTMENT COMPANY	CHE			500.-
4							
12, 08, 20	LA BODEGUITA RESTAURANT 2005 W 4th Ave HIALEAH, FL 33010	B	RESTAURANT	CHE			500.-
5							
12, 16, 20	ENRIQUE A. BELLO HILDA M. BELLO 1490 W 68 ST # 204 HIALEAH, FL 33014	I	INSURANCE AGENT	CHE			500.-
6							
12, 16, 20	HENRY BELLO INSURANCE CO. 1490 W 68 ST # 204 HIALEAH, FL 33014	B	INSURANCE AGENCY	CHE			500.-
7							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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(1) Name VIVIAN CASALS-MUNOZ (2) I.D. Number _____(3) Cover Period 12 / 01 / 20 through 12 / 31 / 20 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
12, 28, 20	HEAVY EQUIPMENT CO CARLOS LOPEZ CORP 60 E C 1 STREET HIALEAH, FL 33013	B	EQUIPMENT SALES	CHE			1,000.-
8							
12, 29, 20	BUENA VISTA HEALTH CARE II, CORP 1968 W 14 COURT HIALEAH, FL 33014	B	HEALTH CARE PROVIDER	CHE			1,000.-
9							
12, 09, 20	CARABALLO DISTRIBUTOR CORP 301 W 22 STREET HIALEAH, FL 33010	B	Wholesale DISTRIBUTOR	CHE			1,000.-
10							
12, 29, 20	BUENA VISTA HEALTH CARE CORP 4230 W 196 ST MIAMI GARDENS, FL 33055	B	HEALTH CARE PROVIDER	CH			1,000.-
11							
/ /							
/ /							
/ /							