

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Angelica Xeres Pacheco
Name

(2) 1571 W 76 ST
Address (number and street)

Hialeah, FL 33014
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

NOV3'22 2:55PM

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Hialeah City Council Group 4

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 10 / 8 / 22 To 10 / 21 / 22 Report Type: G2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 400.00

(2) Independent Expenditure (IE) (also covers an individual making electioneering communications)
Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 400.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 0.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 13,540.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 10,625.91

(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) Angelica Xeres Pacheco

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

[Signature]

Signature

(Type name) Angelica Xeres Pacheco

Candidate Chairperson (only for PC and PTY)

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Angelica Xenos Pacheco (2) I.D. Number _____

(3) Cover Period 10/8/22 / _____ / _____ through 10/21/22 / _____ / _____ (4) Page 1 of 1

(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							
10/13/22 / /	HECTOR GARCIA ORTIZ 250 W 49 ST HIALEAH, FL 33012	I	PRACTICE MAN	CHE			50.00
10/13/22 / /	YVONNE SOTO 4708 S W 74 AVE MIAMI, FL 330	I	ADMINISTRATO	CHE			100.00
10/16/22 / /	MIGUEL MIRABAL 5201 ORDUNA DRIVE CORAL GABLES, FL 33146	I	ATTORNEY	CHE			250.00
/ /							
/ /							
/ /							
/ /							
/ /							