# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **Name:** Vivian Casals-Munoz Campaign

(2) **Address (number and street):** 8015 West 14 Ave

**City, State, Zip Code:** Hialeah, FL 33014

[ ] **Check here if address has changed**

(3) I.D. Number: 00000

(4) Check appropriate box(es):

[X] Candidate (office sought): City of Hialeah, Council Group IV
[ ] 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 08/01/2022 To 08/31/2022          Report Type: M8

[ ] Original   [X] Amendment   [ ] Special Election Report

| (6) CONTRIBUTIONS THIS REPORT | | (7) EXPENDITURES THIS REPORT | |
|---|---|---|---|
| Cash & Checks | $2,000.00 | Monetary Expenditures | $0.00 |
| Loans | $0.00 | Transfers to Office Account | $0.00 |
| Total Monetary | $2,000.00 | Total Monetary | $0.00 |
| In-Kind | $0.00 | (8) Other Distributions | $0.00 |

| (9) TOTAL Monetary Contributions to Date | (10) TOTAL Monetary Expenditures to Date |
|---|---|
| $3,000.00 | $540.00 |

## (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:

Jose A. Riesco, CPA

[ ] Individual (only for IE or electioneering commun.)   [X] Treasurer   [ ] Deputy Treasurer

X _____
Signature

Vivian Casals-Munoz

[X] Candidate   [ ] Chairman (only for PC and PTY)

X _____
Signature

This form is based on DS-DE 12 (Rev. 11/13)

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# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ___Vivian Casals-Munoz Campaign___  (2) I.D. Number ___00000___

(3) Cover Period ___08/01/2022 - 08/31/2022___  (4) Page ___1 of 1___

| (5) Date / (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type | (8) Contributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---|---|---|---|---|---|---|---|
| 08/09/2022<br><br>1 | PEOPLE FOR PROGRESS POLITICAL COMMITTEE 6500 COWPEN ROAD, STE 202 Miami Lakes, FL 33014-0000 | F | PAC | CHE | | UPD | $ 1000.00 |
| 08/09/2022<br><br>2 | AGUILAR, ALBERTO & BARBARA 14781 DUNBARTON PL HIALEAH, FL 33016-0000 | I | CPA'S | CHE | | DEL | $ 1000.00 |
| 08/09/2022<br><br>3 | AGUIAR, ALBERTO 14871 DUNBARTON PL, HIALEAH, FL 33016-0000 | I | CPA | CHE | | ADD | $ 1000.00 |
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This form is based on DS-DE 13 (Rev. 11/13)

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# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name    Vivian Casals-Munoz Campaign                          (2) I.D. Number    00000

(3) Cover Period    08/01/2022 - 08/31/2022                        (4) Page    0 of 0

| (5) Date (6) Sequence Number | (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 |
|---|---|---|---|---|---|
| | Nothing to report on this form | | | | |
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This form is based on DS-DE 14 (Rev. 11/13)                              Adjutant Workshop, Inc. - Campaign ToolBox

# CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name    Vivian Casals-Munoz Campaign        (2) I.D. Number    00000

(3) Cover Period    08/01/2022 - 08/31/2022        (4) Page    0 of 0

| (5) Date / (6) Sequence Number | (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 |
|---|---|---|---|---|---|
| | Nothing to report on this form | | | | |
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This form is based on DS-DE 14A (Rev. 08/03) [Note about Committees has been removed.]      Adjutant Software, Inc. - Campaign ToolBox

# CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name    Vivian Casals-Munoz Campaign

(2) I.D. Number    00000

(3) Cover Period    08/01/2022 - 08/31/2022

(4) Page    0 of 0

| (5) Date / (6) Sequence Number | (7) Name of Financial Institution Street Address & City, State, Zip Code | (8) Transfer Type | (9) Nature of Account | (10) Amendment | (11) Amount |
|---|---|---|---|---|---|
| | Nothing to report on this form | | | | |
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This form is based on DS-DE 13A (Rev. 11/13)

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