

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Pablo "Johnny Q" Quinones  
Name  
(2) P.O. Box 225  
Address (number and street)  
Ocoee FL 34761  
City, State, Zip Code

OFFICE USE ONLY

2008 AUG 21 A 11:51  
BILL COWLES  
SUPERVISOR OF ELECTIONS  
ORANGE COUNTY, FL

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): TAX collector  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication  
 CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 08/02/2008 To 08/21/2008 Report Type \_\_\_\_\_  
 Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**  
 \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
 \$ 2000<sup>00</sup> LOAN

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 275<sup>73</sup>

**(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) Pablo J Quinones  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer  
X Pablo J Quinones  
 Signature

I certify that I have examined this report and it is true, correct, and complete.  
 (Type name) Pablo J Quinones  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)  
X Pablo J Quinones  
 Signature