

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

(1) Pablo J Quinones  
Name  
 (2) PO Box 225  
Address (number and street)  
Ocoee Fl. 34761  
City, State, Zip Code

OFFICE USE ONLY

2009 FEB -3 P 2:40  
 SUPERVISOR OF ELECTIONS  
 AND COMPTROLLER

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

CHECK IF ADDRESS HAS CHANGED

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(4) Check appropriate box(es):

Candidate (office sought): TAX collector

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/31/2008 To 02/02/2009 Report Type 1

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

Other Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_

**(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

\_\_\_\_\_  
 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)

\_\_\_\_\_  
 Signature