CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ramon Gonzalez-Diez
Name

(2) 9501 SW 69th Ct
Address (number and street)
Pinecrest
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
VILLAGE OF PINECREST
OFFICE OF THE VILLAGE CLERK
OCT 23 2026
3pgs
PRISCILLA TORRES, MMC
VILLAGE CLERK

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Village of Pinecrest Council seat 4 (at large)
☐ 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 10/03/2026 To 10/16/2026 Report Type: 2026G2

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0
Loans	$ 0
Total Monetary	$ 0
In-Kind	$ 0

(7) Expenditures This Report

Monetary Expenditures	$ 944.94
Transfers to Office Account	$
Total Monetary	$ 944.94

(8) Other Distributions
$ 0

(9) TOTAL Monetary Contributions To Date
$ 4500.00

(10) TOTAL Monetary Expenditures To Date
$ 3099.72

(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) Ramon Gonzalez-Diez
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer
X
Signature

(Type name) Ramon Gonzalez-Diez
☐ Candidate ☐ Chairperson (only for PC and PTY)
X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ramon Gonzalez dIEZ (2) I.D. Number _____

(3) Cover Period 10/03/2026 through 10/16/2026 (4) Page 1 of 1

(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
10/05/2026	ALPHA GRAPICS 305-637-6626		CAN		864.99
10/07/2026	CAMPAIGN PARTNER		CAN		35.00
10/13/2026	BANKCARD FEE		CAN		44.95
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ramon Gonzalez-Diez **(2) I.D. Number** _____

(3) Cover Period 10/03/2026 through 10/16/2026 **(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
/ /	NONE, NO CONTRIBUTUONS THIS PERIOD		RN				
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES