

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ramon Gonzalezdiez

Name

(2) 9501 SW 69 CT

Address (number and street)

Pinecrest, Florida 33156

City, State, Zip Code

☐ Check here if address has changed

(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)

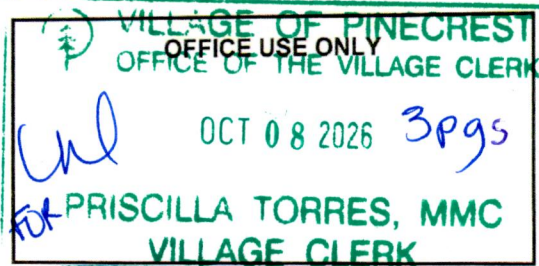
☐ Party Executive Committee (PTY)

☐ 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 07/01/2026 / _____ To 10/02/2026 / _____ Report Type: 2026Q3

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 2000.00 , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ 2000.00 , _____ . _____

In-Kind \$ 0.00 , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 1134.36 , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 1134.36 , _____ . _____

(8) Other Distributions

\$ 0.00 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 4500.00 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 2154.78 , _____ , _____ . _____

(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

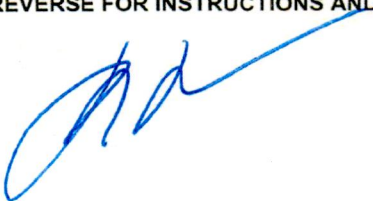
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name RAMON GONZALEZ-DIEZ (2) I.D. Number _____

(3) Cover Period 07/01/2026 / / through 10/02/2026 / / (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
09/16/2026 / /	RAMON GONZALEZ-DIEZ 9501 SW 69 CT, PINECREST, FLORIDA 33156	I	RN	CHE	N		2000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name RAMON GONZALEZ-DIEZ

(2) I.D. Number _____

(3) Cover Period 07/01/2026 / / through 10/02/2026 / /

(4) Page 1 of 2

(5) Date	(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
07/06/2026 1	CAMPAIGN PARTNER 617-500-7251 MA		CAN.		29.00
07/10/2026 2	BANK CARD FEE WELLS FARGO		CAN		212.93
07/08/2026 3	CAMPAIGN PARTNER 617-500-7251 MA		CAN		5.00
07/08/2026 4	CAMPAIGN PARTNER 617-800-7251		CAN		2.80
08/07/2026 5	CAMPAIGN PARTNER		CAN		32.00
09/08/2026 6	CAMPAIGN PARTNER		CAN		35.00
09/11/2026 7	BANKCARD FEE		CAN		19.95
09/23/2016 8	ALPHA GRAPHICS		CAN		797.68