FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
 (1) Friends for a Better Broward, Inc. Name (2) <u>3150 SW 38 Avenue</u>, FL 11 Address (number and street) 	OFFICE USE ONLY				
Miami, FL 33146					
City, State, Zip Code					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
 (4) Check appropriate box(es): □ Candidate (office sought): □ Political Committee □ CHECK IF PC HAS DISBANDED □ CHECK IF CCE HAS DISBANDED □ Party Executive Committee □ Electioneering Communication □ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED 					
(5) REPORT					
Cover Period: From <u>4</u> / <u>1</u> / <u>2014</u> To	_4 / <u>30</u> / <u>2014</u> Report Type <u>M4</u>				
Original Amendment Special Election	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$5,000.00	Monetary Expenditures \$ 2,500.00				
Loans \$ <u>0.00</u>	Transfers to Office Account \$ 0.00				
Total Monetary \$5,000.00	Total Monetary \$ 2,500.00				
In-Kind \$					
	(8) Other Distributions \$ 0.00				
	Ψ				
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$				
(11) CERT It is a first degree misdemeanor for any pers	IFICATION on 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. I certify that I have examined this report and it is true,					
(Type name)	(Type name)				
Individual (only for Treasurer Deputy Treasurer electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)				
<u>X</u>	<u>X</u>				
Signature	Signature CFID: 5460				

(1) Name _____ Friends for a Better Broward, Inc. (2) I.D. Number _____

(3) Cover Perio	od <u>4 / 1 / 2014</u> through	<u>4</u> /	30 / 201	<u>4</u> (4)	Page	1 of	1
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name (Last, Suffix, First, Middle)	Co	ntributor				
(6) Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
4 / 11 / 14	Great Healthworks, Inc. 4150 SW 28 Way Fort Lauderdale, FL 33312	В	Health Product Manuf	CHE			\$5,000.00
1							
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/ /							
_ / _/	-						
/_/	-						
/ /							
_/ /	_						
/ /	-						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Friends for a Better Broward, Inc.			(2) I.D. Number			
(3) Cover Perio	d <u>4</u> / <u>1</u> / <u>2014</u> through <u>4</u>	<u>/ 30 / 2014</u> (4) Page	of	1	
(5) Date	(7) Full Name (Last Suffix First Middle)	(8) Purpose	(9)	(10)	(11)	

(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4 / 30/ 14	Meyer, Brooks, Demma, & Blohm, PA PO Box 1547, 131 N. Gadsden St Tallahassee,, FL 32302	Legal Services	MON		\$2,500.00
1					
_ / _/					
_ / _/	-				
/ /					
	-				
DE 14 (7/09)					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES