	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	People for Ethical Politics Education						
	Name	ONLINE SUBMISSION					
(2)	Address (number and street)						
	Address (number and street)						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 304					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	☑ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
		☐ Check here if PTY has disbanded ☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed					
	mulvidual making electioneering communications,						
	(5) Report	Identifiers					
Cove	er Period: From $\frac{7}{2}$ / $\frac{5}{2014}$ To	7 / <u>18</u> / <u>2014</u> Report Type: <u>P3</u>					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , _25 . 00					
Loar	ns \$,,,_000	Transfers to					
Loui	, , ,	Office Account \$, , 0 . 00					
Tota	ıl Monetary \$, , 0 . <u>00</u>						
		Total Monetary \$, , _25 . 00					
In-Ki	ind \$,,000						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, <u>100</u> . <u>00</u>	\$, , <u>25</u> . <u>00</u>					
		ification					
(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:							
(T)	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
or	electioneering comm.)						
X		_X					
Sig	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	People for Ethical	Poli	tics Educa	ation Comm	2) J.D. Numbe	ı r 3	04
	7/5/2014		7	/18/2014			
(3) Cover Perio	od///	thro	ough	<i>I I</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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1 1							
J I							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	People for	Ethical	Politics	Education	Committee(2) I.D. Number	304
	7/5/2	014		7/18/2014		
(3) Cover Pe	riod /	Ĩ	through	1 1	(A) Page 1	of 1

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/10/2014	Broward County Supervisor of E, 115 S. Andrews Avenue, Room 10 Fort Lauderdale, FL 33301	late penalty	МО		\$25.00
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DS-DE 14 (Rev.	44(40.1)				