

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Go Broward
 Name
 (2) P.O. Box 391
 Address (number and street)
Tallahassee, FL 32302
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1259194]

Submitted on:
 4/11/2022 13:15:12 (eastern)

Check here if address has changed (3) ID Number: 531

(4) Check appropriate box(es):

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) 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

(5) Report Identifiers

Cover Period: From 3 / 1 / 2022 To 3 / 31 / 2022 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 3 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 3 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 43 , 975 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 43 , 776 . 44

(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) _____

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Go Broward (2) I.D. Number 531

(3) Cover Period 3/1/2022 through 3/31/2022 (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Go Broward

(2) I.D. Number 531

(3) Cover Period 3/1/2022 through 3/31/2022

(4) Page 1 of 1

(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
(6) Sequence Number					
3/11/2022 / /	Seacoast National Bank, P.O. Box 9012 Stuart, FL 34995-9012	maintenance fee	MO		\$3.00
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