	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Patricia Good	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	9521 SW 6th Street	Submitted on:					
	Address (number and street)	10/1/2019 10:31:49 (eastern)					
	Pembroke Pines, FL 33025 City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 579					
(4)	Check appropriate box(es):	(9) ID Number.					
(4)		Dist. 2					
	Electioneering Communications Org. (ECO)						
	,	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					
	* , *	dentifiers					
Cove	er Period: From $9 / 1 / 2019$ To	9 / 30 / 2019 Report Type: M9					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	!	Monetary					
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$, , 0 . 00					
Lagr	• • • • • • • • • • • • • • • • • • •	To a contract the Area					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , , 0 . 00					
Tota	al Monetary \$, , 100 . 00	,,,					
1014	,,,	Total Monetary \$, , 0 . 00					
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,					
Hi i si	, ,	(8) Other Distributions					
	1	\$,, ooo					
'2 \							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, , 000					
	(11) Cert	tification					
	It is a first degree misdemeanor for any person						
Ιc	certify that I have examined this report and it is true, corre	rect, and complete:					
(T	Type name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
or	electioneering comm.)						
X		×					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Patricia Good	tricia Good (2) I.D. Number 579					
	9/1/2019			/30/2019			
(3) Cover Perio	od//	thro			(4) Page	1	of 1
1000. 98			1400		- VA VA		
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	3.50	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
9/11/2019	Good, Patricia 9521 SW 6 Street	S		CH			\$100.0
	Pembroke pines, Fl 33025						
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Name Patric	ia Good	0./20./0010	MIZED EXPENDITURES (2) I.D. Number 579			
Cover Period	9/1/2019 //through_	9/30/2019 /	(4) Page1	of	0	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sou contribution t candidate)	o a Expenditure	(10)	(11)	
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