	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	People For Truth & Integrity	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1143632]								
(2)	18851 NE 29 Avenue; Suite 303	Submitted on:								
	Address (number and street)	8/3/2017 17:12:22 (eastern)								
	Aventura, FL 33180  City, State, Zip Code	<del></del>								
	_	(2) ID Number: 1007								
(4)	Check here if address has changed	(3) ID Number:1027								
(4)	Check appropriate box(es):  Candidate Office Sought:  Political Committee (PC)	Check have if DC av ECO has dishauded								
		<ul> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	t Identifiers								
Cove	er Period: From $\frac{7}{2}$ / $\frac{1}{2017}$ To	7 / 31 / 2017 Report Type:17M07								
X O	riginal Amendment Sp	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , ,000	Monetary								
Loar	<del></del> - <del></del> - <del></del>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$,,	Total Monetary \$ , , 5 . <u>00</u>								
In-Ki	ind \$ , , 0 . <u>00</u>									
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(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:										
	ype name)  Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
_X		<u>x</u>								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	People For Truth & Integrity (2) I.D. Number									
	7/1/2017		7	/31/2017						
(3) Cover Perio	od//	thro	ough	11	(4) Pag	e	of			
		T								
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)		over bottle or all more	O-maile ation	Due tobasel					
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount			
rumber	Oity, Otate, Zip oode	Type	Occupation	1 1 1 1	Description		Timount			
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DS-DE 13 (Rev. 11/13	3)	SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	People	For	Trut	h & 1	Integrity	У		 (2) I.D. Nur	nber		1027	
	7	7/1/2	017			7/31/2	017					
(3) Cover Per	riod	1	1		through	1	1	(4) 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
7/31/2017	FLORIDA COMMUNITY BANK, 150 ALHAMBRA CIRCLE, 1ST FL CORAL GABLES, FL 33134	bank fees	MO		\$5.00
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DS-DE 14 (Rev.	4440 1				