CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) (PAC) Better Florida Leadership Coal								
Name	ONLINE SUBMISSION [1087565]							
(2) 18851 N.E. 29th Avenue	Submitted on:							
Address (number and street) Aventura, FL 33180	5/6/2015 13:43:30 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: <u>1265</u>							
(4) Check appropriate box(es):								
Candidate Office Sought:								
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From <u>4</u> / <u>1</u> / <u>201</u> 5 To	<u>4</u> / <u>30</u> / <u>2015</u> Report Type: <u>15M04</u>							
☐ Original	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,,,000	Expenditures \$, _1 , 550 . 00							
\$ 0.00	Transform to							
Loans \$,, <u>0</u> .00	Transfers to           Office Account         \$							
Total Monetary \$ , , 0.00	· · · · · · · · · · · · · · · · · · ·							
	Total Monetary \$, 1,550.00							
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,69_,75000_	\$,69_,72152_							
	rtification son to falsify a public record (ss. 839 13, F.S.)							
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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	X							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name						r1	1265	
	4/1/2015			/30/2015				
(3) Cover Perio	/ bc	thro	ough	<i>ll</i>	(4) Pag	e _1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
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1 1	-			A				
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (PA						
(3) Cover Period	4/1/2015 I/_/through_	4/30/2015 //	4) Page <u>1</u>	of	1	
(5) Date (6) Sequence Number	(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	
4/24/2015	RIESCO AND COMPANY LLC, 2600 S Douglas Rd, Ste 900 Coral Gables, Fl 33134	professional services	MO		\$1,550.00	
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11						
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DS-DE 14 (Rev. 11/13)

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