	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	(PAC) Good Government for Bal Harbour									
	Name	ONLINE SUBMISSION								
(2)	600 Brickell Avenue; Suite1715	Submitted on:								
	Address (number and street)	9/22/2016 15:16:33 (eastern)								
	Coral Gables, FL 33131									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1494								
(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								
		☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Report	Identifiers								
Cove	, , .	9 / 16 / 2016 Report Type: 16G2								
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Cash	n & Checks \$, , 0 . 00	Expenditures \$,, 3 . 95								
										
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to								
	0 00	Office Account \$, , , 0 . 00								
Tota	I Monetary \$, ,000	T + IM								
	•	Total Monetary \$, , 3 . 95								
In-Ki	and \$,,, <u>0</u> . <u>00</u>									
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, , <u>11</u> . <u>85</u>								
		tification on to falsify a public record (ss. 839.13, F.S.)								
10	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)								
Х		x								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(PAC) Good Governm	ent f	or Bal Har	cbour_ (2) I.D. Numbe	er1	494
(3) Cover Perio	9/3/2016 od///	thro	9 ough	/16/2016 / /	(4) Pag	e ¹	of ⁰
(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
1 1					·		
1 1							
1 1							
f I							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name(PAC)	Good	Govern	ment for 1	Bal :	Harbo	ur	 (2) I.D. Nun	nber	-	1494	3
		9/3/20	16		9/	16/20	16		-			
(3) Cover Per	riod	1	1	through		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
9/8/2016	FIRST AMERICAN BANK, 2295 GALIANO ST	bank fees	MO		\$3.95
1	CORAL GABLES, FL 33134				
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//					
//					
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