	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Good Government for Bal Harbour	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1143670]							
(2)	600 Brickell Avenue; Suite1715	Submitted on:							
	Address (number and street)	8/4/2017 16:12:59 (eastern)							
	Coral Gables, FL 33131								
	City, State, Zip Code	(2) 17 1							
	Check here if address has changed	(3) ID Number:1494							
(4)	Check appropriate box(es):								
	Candidate Office Sought:								
	<ul><li>☒ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	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	t Identifiers							
Cove		7 / 31 / 2017 Report Type: 17M07							
		ecial Election Report							
		1							
(6)	Contributions This Report	(7) Expenditures This Report							
	Φ 0.00	Monetary							
Casl	h & Checks \$ , ,000	Expenditures \$ , , 3 . 95							
Loar	s \$, ,, 0.00	Transfers to							
Luai	, _ ,	Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00								
. 0.0		Total Monetary \$ , , 3 . 95							
In-Ki	ind \$ , , 0.00	, , , , , , , , , , , , , , , , , , , ,							
	,,	(8) Other Distributions							
		\$,, 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>2</u> , <u>600</u> . <u>00</u>	\$, <u>2</u> , <u>387</u> . <u>05</u>							
	(11) Cer	I tification							
		son to falsify a public record (ss. 839.13, F.S.)							
Ιc	certify that I have examined this report and it is true, con	rect, and complete:							
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
<b>.</b> -									
<u>X</u>		<u>X</u>							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Good Government for	r Bal	Harbour		2) I.D. Numbe	er <u>1</u>	494
	7/1/2017 od///		7	/31/2017	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Alleidileit	Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	Good	Governme	nt for	Bal	Hark	oour			 (2) I.D. Nun	nber		1494	r
		7/1/2017	7			7/31	L/20	17					
(3) Cover Pe	eriod	I	1	thro	ıgh	I	/	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
7/10/2017	FIRST AMERICAN BANK, 2295 GALIANO ST CORAL GABLES, FL 33134	bank fees	МО		\$3.95
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