	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Good Government for Bal Harbour	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	600 Brickell Avenue; Suite1715	Submitted on:							
	Address (number and street)	1/5/2018 11:53:52 (eastern)							
	Coral Gables, FL 33131 City, State, Zip Code								
	_	(2) ID Nomber							
	Check here if address has changed	(3) ID Number:1494							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	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							
	(5) Report	t Identifiers							
Cove	er Period: From 12 / 1 / 2017 To	12 / 31 / 2017 Report Type: 17M12							
X O	original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$,,,	Monetary							
Loar	s , , , ,	Transfers to Office Account \$, , 0 . 00							
Tota	I Monetary \$, , ,000								
	•	Total Monetary \$, , 3 . <u>95</u>							
In-Ki	ind \$,, <u>0</u> . <u>00</u>								
		(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>406</u> . <u>80</u>							
	(11) Cer	I tification							
		son 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:									
(T	(Type name) (Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Good Government fo	r Bal	Harbour		2) I.D. Numbe	r1	494
	12/1/2017		1	2/31/2017			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1							
1 1							
9 6							
1 1							
3							
1 1							
1							
J I							
<i>J</i> 1							
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I = I							
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1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Good	Governmen	t for	Bal	Harbour			 (2) I.D. Nun	nber		1494	
		12/1/201	7		12/3	31/2)17		-			
(3) Cover Per	riod	1	1	throu	igh i	/	1	(4) Page	1	of	1	

(5) Date	(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
12/7/2017	FIRST AMERICAN BANK, 2295 GALIANO STREET CORAL GABLES, FL 33134	bank fees	MO		\$3.95
1	COMME CHEMIST, I'M SSIST				
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