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)	4/5/2018 12:01:47 (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							
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	dentifiers							
Cove	er Period: From 3 / 1 / 2018 To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	•	Monetary							
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 7 . 90							
									
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to							
		Office Account \$, , , 0 . 00							
Tota	I Monetary \$, ,000								
	•	Total Monetary \$, , , 7 . 90							
In-Ki	ind \$,,, <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>2</u> , <u>600</u> . <u>00</u>	\$, <u>2</u> , <u>418</u> . <u>65</u>							
		tification on 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	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	Good Government fo	r Bal Ha	rbour		2) I.D. Numbe	er <u>1</u>	494
	3/1/2018			/31/2018			
(3) Cover Perio	od / /	through		111	(4) Pag	e ¹	of ⁰
		- 1000	-			60. 10 1	
(5)	(7)	(8)		(9)	(10)	(11)	(12)
Date	Full Name					X	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contrib	outor	Contribution	In-kind		
Number	City, State, Zip Code		cupation	Туре	Description	Amendment	Amount
01401 1996 06 1991 970 1998 9000 11	Control of the Contro			0-20 fz	Secretaria de constitución de la		200 - 300 miles 190 y 0 200 0 0 miles 200 0 0
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1 1							
y 5							
1 1							
J I							
1 1							
10 St							
7							
1 4							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Good	Governmen	t for	Bal	Harbour		(2) I.D. Numb	oer	1	L494	
		3/1/2018			3/31/2018	3		200			
(3) Cover Per	riod	1	1	throu	ıgh /	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
3/8/2018	FIRST AMERICAN BANK, 2295 GALIANO ST	bank fees	MO		\$7.90
1	CORAL GABLES, FL 33134				
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DS-DE 14 (Rev.	11/13 }				