	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)	1/7/2019 16:26:10 (eastern)								
	Coral Gables, FL 33131 City, State, Zip Code	` `								
		(2) ID North - 11								
	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	dentifiers								
Cove	er Period: From 12 / 1 / 2018 To	12 / 31 / 2018 Report Type: 18M12								
X O	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$,,,	Monetary								
Loar	s , , ,000	Transfers to Office Account \$, , 0 . 00								
Tota	I Monetary \$, , , 000									
	•	Total Monetary \$, , 3 . 95								
In-Ki	ind \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , <u>0</u> 00								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,2, _60000	\$, <u>2</u> , <u>464</u> . <u>20</u>								
	(11) Cor	I tification								
		in 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 electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		x								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Good Government fo	r Bal	Harbour		2) I.D. Numbe	er <u>1</u>	494
	12/1/2018 od / /		1	2/31/2018	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
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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	Government	for	Bal	Harbo	ur		 (2) I.D. Nun	nber	1	1494	
		12/1/2018			1:	2/31/2	2018					
(3) Cover Per	riod	I i		throu	qh	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
12/31/2018	2295 GALIANO ST.	bank fees	MO		\$3.95
1	CORAL GABLES, FL 33134			G	
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