CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Good Government for Bal Harbour	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1167433]						
(2) 600 Brickell Avenue; Suite1715	Submitted on:						
Address (number and street) Coral Gables, FL 33131	8/14/2018 12:05:29 (eastern)						
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)							
	Check here if PC or ECO has disbanded 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 Identifiers							
Cover Period: From <u>8</u> / <u>4</u> / <u>2018</u> To	8 / <u>10</u> / <u>2018</u> Report Type: <u>18P6</u>						
☐ Original	ecial Election Report						
(6) Contributions This Report (7) Expenditures This Report							
	Monetary						
Cash & Checks \$,, 0.00	Expenditures \$,,,, 90						
\$ 0.00	Transform to						
Loans \$,, <u>0</u> .00	Transfers to           Office Account         \$,,						
Total Monetary \$ , , 0.00	· · · · · · · · · · · · · · · · · · ·						
	Total Monetary \$ , , 7 . 90						
In-Kind \$,,,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>	\$,,44840						
(11) Certification It is a first degree misdemeanor for any person 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	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
_X	X						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Good Government for Bal Harbour (2) I.D. Number 1494						494
	8/4/2018		8	/10/2018			
(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Pag	e _1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
/ /							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Goo</u>	<b>CAMPAIGN TREASURER</b> d Government for Bal Har	bour	) EXPENDIT 2) I.D. Number	1494	
(3) Cover Period	8/4/2018 I/through_	8/10/2018 /(	4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	FIRST AMERICAN BANK, 2295 GALIANO ST CORAL GABLES, FL 33134	bank fees	MO		\$7.90
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_/_/					
_/ /					
_/ /					
11					
11					
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