CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) (PAC) United for a Better North Bay								
Name	ONLINE SUBMISSION [1132766]							
(2) 1985 NW 88th Ct.; Suite #101 Address (number and street)	Submitted on:							
Doral, FL 33172	10/26/2016 12:40:46 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 1990							
(4) Check appropriate box(es):								
Candidate Office Sought:								
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	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 Identifiers								
Cover Period: From <u>10</u> / <u>15</u> / <u>2016</u> To	<u>10</u> / <u>21</u> / <u>2016</u> Report Type: <u>16G6</u>							
Original     Amendment     Special Election Report								
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$ , <u>3</u> , <u>000</u> . <u>00</u>	Monetary Expenditures \$,,,							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$ , , 0 . 00							
Total Monetary \$, 3, 000000	Total Monetary \$ , , , 0 . 00							
In-Kind \$,, 00								
	(8) Other Distributions \$,,,0.							
	· · · · · · · · · · · · · · · · · · ·							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>3</u> , <u>000</u> . <u>00</u>	\$,, <u>0</u> . <u>00</u>							
(11) Cer	L							
(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 or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
x	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(PAC) United for a	for a Better North Bay Villag (2) I.D. Number						
	10/15/2016		1	0/21/2016				
(3) Cover Perio	bd / /	thre	ough	<i>ll</i>	(4) Pag	je	of	
	1				1	T	[	
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind	Accessed		
Number	City, State, Zip Code Sharp Insurance	Type I	Occupation insurance	Туре СН	Description	Amendment	Amount \$3,000.0	
10/21/2016		±	insurance	Сп			\$5,000.0	
1 1	Agency Inc., 6175 NW 153rd Street							
1	Suite 200 Miami Lakes, FL 33014							
1 1	_							
1 1								
			-					
1 1								
	1							
1 1								
1 1	-							
			-					
1 1	-							
1 1	-							
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name (PAC) United for a Better North Bay Village (2) I.D. Number 1990								
(3) Cover Period	10/15/2016 1 / / through	0/21/2016 _//(4	4) Page <u>1</u>	of_	0			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9) Expenditure	(10)	(11)			
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Туре	Amendment	Amount			
_/ /								
_/_/								
_/ /								
_/ /								

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES