	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Good Government Group	OFFICE USE ONLY ONLINE SUBMISSION
(2)	Name 3128 Coral Way	[1194811]
(2)	Address (number and street)	Submitted on:
	Miami, FL 33145	11/12/2019 12:20:34 (eastern)
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:2307
(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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed
		dentifiers
Cove	er Period: From 10 / 1 / 2019 To	10 / 31 / 2019 Report Type: 19M10
X O	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cash	h & Checks \$, , 0 . 00	Monetary
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00
Total Monetary \$, , , 000		Total Monetary \$, , 0 . 00
In-Kind \$, , 0 . 00		
		(8) Other Distributions \$, , 000_
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$,, <u>0</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>
	(11) Cert	fification
	It is a first degree misdemeanor for any person	
Ιc	certify that I have examined this report and it is true, corre	rect, and complete:
(T	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
X		x
Sig	ignature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Good Government Gr	oup			2) I.D. Numbe	er2	307
	10/1/2019		1	0/31/2019		1	0
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

) Name <u>Good</u>	Government Group	10/21/2010	2) I.D. Numbe	n	2307	
3) Cover Period _	10/1/2019 //through	10/31/2019 //	4) Page1	of _	0	
(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)	(11) Amount	
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