CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) (PAC) People Who Want Honest Governm							
Name	ONLINE SUBMISSION [1066599]						
(2) 2060 Biscayne Blvd., 2nd Floor	Submitted on:						
Address (number and street) Miami, FL 33137	6/30/2014 13:47:26 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 862						
(4) Check appropriate box(es):							
 Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>6</u> / <u>1</u> / <u>201</u> 4 To	6 / <u>20</u> / <u>2014</u> Report Type: <u>14P1</u>						
☐ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 0 . 00	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0.						
Total Monetary \$	Total Monetary \$, , , 0 . 00						
······································	(8) Other Distributions						
	\$, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>902</u> , <u>507</u> . <u>00</u>	\$, <u>902</u> , <u>507</u> . <u>00</u>						
(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) People Who W	rnment, I x2) I.D. Number 862					
	6/1/2014		6	/20/2014			
(3) Cover Peri	od / /	thro	ough	<i>ll</i>	(4) Pag	e	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	Occupation	Туре	Description	Amendment	Amount
1 1	-						
1 1	_						
1 1							
1 1	_						
1 1	_						
1 1	_						
1 1	_						
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (PA	CAMPAIGN TREASURER' C) People Who Want Hones	t Government, Inc.) EXPENDIT 2) I.D. Numbei	URES 	862
(3) Cover Period	6/1/2014 // /through_	6/20/2014 //	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
	Braman, Norman 2060 Biscayne Blvd Miami, fl 33137	partial repayment of loan balance	DI		\$5,781.93
_/ /					
_/ /					
_ / /					
_/ /					
11					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES