CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Committee for Responsibility in Gov								
Name	ONLINE SUBMISSION [1140921]							
(2) 215 Romano Avenue	Submitted on:							
Address (number and street) Coral Gables, FL 33134	3/10/2017 09:18:00 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 863							
(4) Check appropriate box(es):								
Candidate Office Sought:								
■ Political Committee (PC)	Check have if PC as 500 has disharded							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	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>2</u> / <u>1</u> / <u>201</u> 7 T	Image: Optimized state Image: Colored state Image:							
☐ Original ☐ Amendment ☐ S	Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , 00	Expenditures \$, , , 00							
Loans \$,,_0.00	Transfers to							
	Office Account \$, , 0 . 00							
Total Monetary \$, , 0.00								
	Total Monetary \$,,,							
In-Kind \$,, <u>0</u> . <u>00</u>								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, 283, 400, 00	\$, 272, 738 93							
(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	(1) Name <u>Committee for Responsibility in Government</u> (2) I.D. Number <u>863</u>						
(2) Cover Derid	2/1/2017	thr	2 Duch	/28/2017	(4) Dee	_ 1	ef 0
(3) Cover Perio	od// /		ugn	<i>ii</i>	(4) Pag	e	
(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							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Com	URES	863			
(3) Cover Period	2/1/2017 / through_	2/28/2017 //	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
	TD Bank, 255 Alhambra Coral Gables, FL 33134	bank fee	МО		\$2.00
_/ /					
_/ /					
11					
//					
_/ /					
11					
11					

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