CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Committee for Responsibility in Gover								
	Name	ONLINE SUBMISSION [1141604]							
(2)	215 Romano Avenue	Submitted on:							
	Address (number and street) Coral Gables, FL 33134	4/10/2017 15:19:12 (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 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									
Cove	r Period: From <u>3</u> / <u>1</u> / <u>201</u> 7 To	<u>3</u> / <u>31</u> / <u>2017</u> Report Type: <u>17M03</u>							
🔀 Ori	iginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	& Checks \$,,,	Expenditures \$,, 2 . 00							
1		Transformed							
Loans	s \$,, <u>0</u> . <u>00</u>	Transfers to     Office Account							
Total	Monetary \$ , , 0.00								
		Total Monetary \$ , , 2 . 00							
In-Kir	nd \$,,0.00	,							
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>283</u> , <u>400</u> . <u>00</u>	\$, 272 , 740 . 93							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
lce	ertify that I have examined this report and it is true, corr								
	pe name) ndividual (only for IE	(Type name)							
	lectioneering comm.)								
x x									
	nature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Committee for Responsibility in Government</u> (2) I.D. Number <u>863</u>							
	3/1/2017		3	/31/2017		··· 1	
(3) Cover Perio	od//	three	ougn	<i>ii</i>	(4) Page	e <u> </u>	01
(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	-						
/ /	_						
/ /	_						
/ /	_						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Com	<b>CAMPAIGN TREASURER'</b> mittee for Responsibilit	y in Government (2	) EXPENDIT 2) I.D. Number		863
(3) Cover Period	3/1/2017 <i>I</i> through_	3/31/2017 /(4	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					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES