CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Committee for Responsibility in Gover						
	Name	ONLINE SUBMISSION					
(2)	215 Romano Avenue	Submitted on:					
	Address (number and street)	5/10/2017 09:18:18 (eastern)					
	Coral Gables, FL 33134 City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 863					
(4)		(6) 15 (1411)561.					
(+)	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	t Identifiers					
Cove	• • •	4 / 30 / 2017 Report Type: 17M04					
X O	riginal Amendment Sp	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	n & Checks \$, , ,000	Monetary					
Loar		Transfers to Office Account \$, , , 0 . 00					
Tota	I Monetary \$, ,000	Total Monetary \$, , 2 . 00					
In-Ki	nd \$, , ,0 . <u>00</u>						
		(8) Other Distributions \$, , <u>0</u> 00_					
(9)	TOTAL Monetary Contributions To Date \$, _283 , _40000	(10) TOTAL Monetary Expenditures To Date \$, _272 , _74293					
(T		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)					
X		X					
Si	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name						
(3) Cover Perio	od///		/30/2017 //	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1						
1 1						
J J						
1. 1						
J I						
J I						
1 1						
1 1						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Committee for	Responsibility	in Government	(2) I.D. Numb	er	8	63	
	4/1/2017	7 4	1/30/2017		02-			
(3) Cover Po	eriod /	/ through	1 1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4/28/2017	TD Bank, 255 Alhambra Cir	bank fee	MO		\$2.00
1	Coral Gables, FL 33134				
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DS-DE 14 (Rev.	4440 1				