CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Committee for Responsibility in Gove:								
	Name	ONLINE SUBMISSION							
(2)	215 Romano Avenue	Submitted on:							
	Address (number and street)	9/6/2017 16:07:30 (eastern)							
	Coral Gables, FL 33134 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 863							
(A)		(b) 15 Number							
(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	t Identifiers							
Cove	er Period: From 8 / 1 / 2017 To	8 / 31 / 2017 Report Type: 17M08							
× 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 In-Ki	I Monetary \$,,,0	Total Monetary \$, 3 , 002 . 00							
	,, ,, ,, ,	(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$, _283, _40000								
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F. I certify that I have examined this report and it is true, correct, and complete: (Type name) Individual (only for IE									
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Committee for Response			8	/31/2017			
3) Cover Period		thro			(4) Pag	e <u>1</u>	of
(5) Date	(7) Full Name	(8) Contributor Type Occupation		(9)	(10)	(11)	(12)
(6) (Sequence Number	Last, Suffix, First, Middle) Street Address & City, State, Zip Code			Contribution Type	In-kind Description	Amendment	Amoun
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Committee	for	Responsibility	y in	Gov	ernment		(2) I.D. Num	ber	8	63	
	8/1,	/2017	7	8/3	1/20	17						
(3) Cover Pe	riod /	l _{es}	/ through		1	1	i	(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
8/25/2017	HPS Communications, 1623 SW 23rd Street Miami, FL 33145	media	МО		\$3,000.00
1					
8/31/2017	TD Bank, 255 Alhambra Cir Coral Gables, FL 33134	bank fee	МО		\$2.00
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