CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Committee for Responsibility in Gove								
, ,	Name	ONLINE SUBMISSION							
(2)	215 Romano Avenue								
	Address (number and street)	Submitted on: 10/9/2020 17:21:13 (eastern)							
	Coral Gables, FL 33134	(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)	Charle have if DC an ECO has dishauded							
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ 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							
	individual making electioneering communications)								
(5) Report Identifiers									
Cove	er Period: From 9 / 26 / 2020 To								
		pecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$,,,000	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Total Monetary \$		Total Monetary \$, 3 ,915 . 32							
In-Ki	nd \$, , 0 . 00								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, 438, 250.00	\$, 379 , 439 . 08							
(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:									
	/pe name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Sig	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name								
	9/26/2020		10/2/2020		-	•		
(3) Cover Perio	od / /	through	_ 1 1	(4) Pag	je <u> </u>	of		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount		
J I								
1 1								
1 1								
J J								
J J								
J I								
J I								
J I								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Committee	for	Resp	onsibility	y in (Govei	cnment	(1	2) I.D. Num	ber	8	63	300
	9/2	6/202	20		10/2/	/2020)		-				
(3) Cover Pe	eriod	T .	1	through	1		1	t.	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
9/29/2020	Calderon, J.R. tbd Miami, FL 33143	advertising	MO		\$400.00
1	MIAMI, FL 33143				
9/29/2020	HPS Communications, 1623 SW 23 Street Miami, FL 33145	mailer	МО		\$3,515.32
2					
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DS.DE 14 (Pov					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,