	CAMPAIGN TREASURE	R'S REPORT SUMMARY									
(1)	Committee for Responsibility in Government Name 215 Romano Avenue	OFFICE USE ONLY ONLINE SUBMISSION [1272254]									
(2)	Address (number and street) Coral Gables, FL 33134	Submitted on: 7/29/2022 15:11:51 (eastern)									
	City, State, Zip Code										
	☐ Check here if address has changed	(3) ID Number: 863									
(4)											
	(5) Report	Identifiers									
	er Period: From $\frac{7}{2}$ / $\frac{16}{2022}$ To	7 / 22 / 2022 Report Type: 22P4									
(6)	Contributions This Report	(7) Expenditures This Report									
	n & Checks \$, <u>10</u> , <u>000</u> . <u>00</u>	Monetary Expenditures \$, , 0 . 00									
Loar Tota	\$,,,000 I Monetary \$, 10 , 000 . 00	Transfers to Office Account \$, , , 0 . 00									
In-Ki		Total Monetary \$, , , 0 . 00									
		(8) Other Distributions \$, , <u>0</u> 00									
(9)	TOTAL Monetary Contributions To Date \$, _981 , _85000	(10) TOTAL Monetary Expenditures To Date \$, <u>836</u> , <u>548</u> . <u>52</u>									
(T)	It is a first degree misdemeanor for any person ertify that I have examined this report and it is true, corrupte name)	ect, and complete: (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)									
<u>X</u>		X									
Sig	gnature	Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	mmittee	for Resp	onsibility	in Gove	cnment (2	?) I.D. Number		863	
	7/16/2	022		7/22/	2022		1		1
(3) Cover Period			through	1	1	(4) Page		_ 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
7/22/2022	Edgewater Management Srvs LLC, 425 NE 22nd Street Ste 301 Miami, FL 33137	B real estate mgmt	СН			\$10,000.0
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1 1						
Å I						
f f	_					
1 1	_					
1 1						
1 1	_					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Committ	ee fo	r Res	sponsibility	in (Govern	ment	(2) I.D. Nun	nber	8	363	
	7,	/16/2	022		7/22	/2022						
(3) Cover Pe	riod	1	1	through	1	1		(4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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