FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Committee for Responsibility in Govern	office use only							
Name (2) 215 Romano Avenue	ONLINE SUBMISSION							
Address (number and street)	Submitted on:							
Coral Gables, FL 33134	2/3/2012 07:56:16 (eastern)							
City, State, Zip Code								
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: 863							
 (4) Check appropriate box(es): Candidate (office sought): 								
(5) REPORT	IDENTIFIERS 12/31/2011							
Cover Period: From 7/1/2011 To	Report Type Q4-11							
I Original Amendment Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$ 1,750.00							
Loans \$0.00	Transfers to Office Account \$ 0.00							
Total Monetary \$ 0.00	Total							
In-Kind \$ 0.00	Monetary \$ 1,750.00							
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$24,100.00	\$5,320.00_							
(11) CERTIFICATION								
	on 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.								
(Type name)	(Type name)							
electioneering commun.)	rer Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
Signature Signature								
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name							
	10/1/2011			2/31/2011			
(3) Cover Perio	od / /	thro	bugh	I I	(4) Pag	e _1	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor		Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
							,
1 1	_						
1 1	-						
1 1	-						
1 1	-						
1 1	_						
1 1							
	-						
1 1	-						
1 1	-						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Com	CAMPAIGN TREASURER ? mittee for Responsibility	y in	Government (2) EXPENDIT 2) I.D. Number		863
(3) Cover Period	10/1/2011 // through_	12/3	31/2011 // (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
12/15/2011 1	, MDC		penalty	МО		\$1,750.00
_/ /						
_/ /						
_ / /						

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES