CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Common Sense Now!	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	2121 Ponce de Leon Blvd.; #1100	[1187853]								
	Address (number and street)	Submitted on:								
	Coral Gables, FL 33134	5/10/2019 08:50:19 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:866								
(4)	Check appropriate box(es):									
	☐ Candidate       Office Sought:         ☐ Political Committee (PC)       ☐ Check here if PC or ECO has disbanded         ☐ Party Executive Committee (PTY)       ☐ Check here if PTY has disbanded         ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)       ☐ Check here if no other IE or EC reports will be filed									
(5) Report Identifiers										
Cove	er Period: From $4 / 1 / 2019$ To	4 / 30 / 2019 Report Type:19M04								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$ , , 000	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , 000	Total Monetary \$ , , 0 . 00								
In-Ki	nd \$,,, <u>0</u> 00									
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$ <u>2</u> , <u>808</u> , <u>491</u> . <u>67</u>	\$ <u>2</u> , <u>807</u> , <u>768</u> . <u>54</u>								
(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:  (Type name)  (Type name)										
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Common Sense Now!				2) I.D. Numbe	er8	66
(3) Cover Perio	4/1/2019 od///	thro	ough	/30/2019 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendirent	Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Comm</u>	EXPENDIT 2) I.D. Number				
	4/1/2019 /through	4/30/2019	, I) Page <u>1</u>		0
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9)	(10)	(11)
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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