CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Citizens for Good Governent	OFFICE OF THE CITY CLERK OFFICE USE ONLY					
(2)	Name 3160 NW 1 AVENUE	2017 DEC -5 AM I!: 25					
(2)	Address (number and street)						
	POMPANO BEACH, FLORIDA 33064						
City, State, Zip Code							
	Check here if address has changed	(3) ID Number:					
(4)	Check appropriate box(es):						
☐ Candidate Office Sought: Political Committee (PC)							
☐ Electioneering Communications Org. (ECO) ☐ Check here if PC or ECO has disbanded							
<ul> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be</li> </ul>							
individual making electioneering communications)							
(5) Report Identifiers							
Cov	rer Period: From 11 / 01 / 2017 To	11 / 30 / 2017 Report Type: M11					
✓ Original							
(6)	Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$ , , 0 . 00		Monetary					
Loa	s, <u>000</u> . <u>00</u>	Transfers to Office Account \$ , 0, 000 . 00					
Tota	al Monetary \$,, _000						
000 00		Total Monetary \$ , , 17 . 00					
In-Kind \$,, <u>000</u> . <u>00</u>		(0) Other Distributions					
		(8) Other Distributions \$ , 0,00000					
(0)	TOTAL Manadam Cantributions To Date						
(9)	TOTAL Monetary Contributions To Date \$ , 2, _877 00	(10) TOTAL Monetary Expenditures To Date \$ , 2 , 640 67					
	T	,,					
(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:							
(	<sub>Type name)</sub> Richard Marks	(Type name) Thomas Terwilliger					
1	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer ☐ Deputy Treasurer ☐ Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	()	A 11/11					
_	X	X//my forth					
	Signature)	Signature					

Cover Perio	d <u>11 / 01 / 2017</u> through <u>11</u>	<u>/ 30 / 2017</u> (4	l) Page	of _	L
(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)	(11)
01	Bank of America 2850 N. Federal Hwy Lighthouse Point, Florida 33064	BANK CHARGE	IEI		\$17.00
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03					
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/ /					
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