CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Citizens for Good Governent	OFFICE USE ONLY					
(2) 3160 NW 1 AVENUE Address (number and street)	RECEIVED					
POMPANO BEACH, FLORIDA 33064	By Asceleta Hammond at 5:21 pm, May 10, 2021					
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
<ul> <li>Candidate Office Sought:</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>Check here if PC or ECO has disbanded</li> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul>						
(5) Report Identifiers						
Cover Period: From <u>03</u> / <u>01</u> / <u>2021</u> To	03 / 31 / 2021 Report Type: M3					
□ Original						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$ , , _0	Monetary Expenditures \$,, <u>18</u> .00					
Loans \$,, 0	Transfers to Office Account \$,,,					
Total Monetary     \$	Total Monetary \$ , ,18 . 00					
In-Kind \$,,	(8) Other Distributions					
	\$,,,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>16</u> _, <u>640</u> <u>00</u>	\$, _14, _68499					
(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) Thomas Terwilliger	(Type name) Thomas Terwilliger					
☐ Individual (only for IE	□ Candidate ☑ Chairperson (only for PC and PTY)					
	5/1/2					
X Er Job D	Signature 4					
Signature	Signature					

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SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (2) I.D. Number							
(3) Cover Period $^{03}$ / $^{01}$ / $^{2021}$ through $^{03}$ / $^{33}$ / $^{2021}$ (4) Page $^{1}$ of $^{1}$							
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
03/08/21	SH Fund, LLC 30 N. Gould St. Ste R Sheridan, WY., 89703	Web Services	IEI	DEL	\$9.00		
03,08,21 01	SH Fund, LLC 30 N. Gould St. Ste R Sheridan, WY., 89703	Web Services	IEI	ADD	\$18.00		
03					Ş		
04					\$		
05							
/ /							
/ /							
/ /							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES