

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Citizens for Good Government
 Name
 (2) 3160 NW 1 AVENUE
 Address (number and street)
POMPANO BEACH, FLORIDA 33064
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

By Asceleta Hammond at 5:21 pm, May 10, 2021

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
- 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

Cover Period: From 04 / 01 / 2021 To 04 / 30 / 2021 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 20 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 20 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 16 , 640 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 14 , 704 . 99

(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:

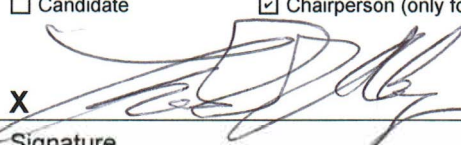
(Type name) Thomas Terwilliger

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Thomas Terwilliger

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CITIZENS FOR GOOD GOVERNMENT

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2021 through 04 / 30 / 2021

(4) Page 1 of 1

| (5) Date | (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 |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 04 / 28 / 21 | Broward Supervisor of Elections 101 Andrews Fort Lauderdale, Fl | Data List | IEI | | \$20.00 |
| 01 | | | | | |
| / / | | | | | |
| 02 | | | | | |
| / / | | | | | \$ |
| 03 | | | | | |
| / / | | | | | \$ |
| 04 | | | | | |
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| 05 | | | | | |
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