

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

CITY OF POMPANO BEACH
 OFFICE OF THE CITY CLERK
 2020 DEC -8 AM 9:21

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____
 Political Committee (PC)
 Electioneering Communications Org. (ECO)
 Party Executive Committee (PTY)
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded
 Check here if PTY has disbanded
 Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 01 / 2020 To 06 / 30 / 2020 Report Type: M6

Original
 Amendment
 Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ .00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ .00

In-Kind \$ _____ , _____ , _____ .00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ 10.00

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

Total Monetary \$ _____ , _____ , _____ 10.00

(8) Other Distributions

\$ _____ , _____ , _____ .00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ 5,260 .00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ 5,253 .37

(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) Doug Borden

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

X 
 Signature

(Type name) Doug Borden

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 06 / 01 / 2020 through 06 / 30 / 2020

(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 | | | | | |
| 06 / 01 / 20 | PNC Bank 2300 N Federal Hwy Lighthouse Point, Florida 33062 | bank charges | IEI | | \$ 10.00 |
| 01 | | | | | |
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| 02 | | | | | |
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| 03 | | | | | |
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| 04 | | | | | |
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