

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CITIZENS FOR QUALITY GOVERNMENT

Name

(2) P. O. BOX 111

Address (number and street)

VENICE, FL 34284

City, State, Zip Code

Check here if address has changed

(3) ID Number: CITQUALGOV

OFFICE USE ONLY

CLERK 10JUL'17 PM 2 28

(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 / 1 / 2017 To 06 / 30 / 2017 Report Type: M6

Original

Amendment

Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 100.00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 0.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 2,317.00

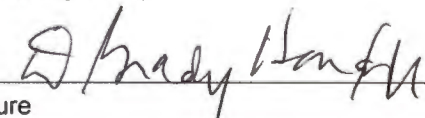
(11) Certification

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:

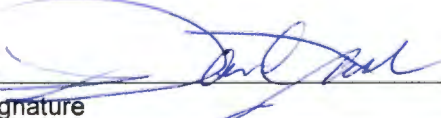
(Type name) D. Grady Hough, JR.

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

X 
Signature

(Type name) David Farley

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CITIZENS FOR QUALITY GOVERNMENT

(2) I.D. Number CITQUALGOV

(3) Cover Period 06 / 01 / 2017 through 06 / 30 / 2017

(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 / 19 / 15	VENICE AREA CHAMBER OF COMMERCE, INC. 597 SOUTH TAMiami TRAIL VENICE, FL 34285	ASSOCIATE MEMBERSHIP DUES COVERING 08/01/2017 TO 07/31/2018	MON		\$100.00
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