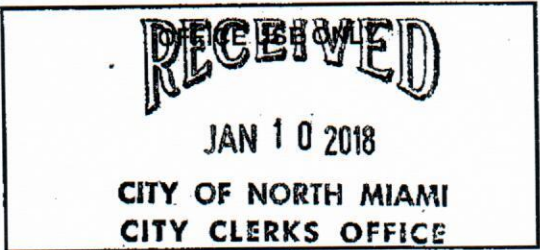


CAMPAIGN TREASURER'S REPORT SUMMARY



(1) NoGoBond.Com
 Name
 (2) 11610 N. Bayshore Drive, Unit 1A
 Address (number and street)
North Miami, FL 33181
 City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____ City of North Miami's Special Election schedule for May 1, 2018 regarding four bond issues totaling \$ 120 Million Dollar.
- 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 03 / 01 / 2018 To 03 / 31 / 2018 Report Type: 2018 SM3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	<u>100.</u>	<u>00</u>
Loans	\$	_____	,	_____	,	<u>0.</u>	<u>00</u>
Total Monetary	\$	_____	,	_____	,	<u>100.</u>	<u>00</u>
In-Kind	\$	_____	,	_____	,	<u>0.</u>	<u>00</u>

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	,	<u>0.</u>	<u>00</u>
Transfers to Office Account	\$	_____	,	_____	,	<u>0.</u>	<u>00</u>
Total Monetary	\$	_____	,	_____	,	<u>0.</u>	<u>00</u>

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 0.00

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

X James T. Garrett
 Signature

(Type name) Laura Hill
 Candidate Chairperson (only for PC and PTY)

X Laura Hill
 Signature

Instructions for Campaign Treasurer's Report Summary

- (1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.
- (2) **Address:** the full address or post office box, city, state, and zip code.
 Check the box if the address has changed since the last report filed.
- (3) **ID Number:** identification number assigned by the filing officer.
- (4) **Check the appropriate box(es).**
- (5) **Report Identifiers**
Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important:** use the appropriate cover period dates as published by the filing officer.
Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).
Check one of the appropriate boxes:
 Original: first report filed for this reporting period.
 Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.
 Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.
- (6) **Contributions This Report:**
Cash and Checks: total amount for this reporting period.
Loans: total amount for this reporting period.
Total Monetary: sum of Cash and Checks and Loans.
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.
- (7) **Expenditures This Report:**
Monetary Expenditures: total amount of monetary expenditures for this reporting period.
Transfers to Office Account: total amount transferred to an office account by elected candidates only.
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.
- (8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.
- (9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
- (10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.
- (11) **Type or print the required officer's name and have them sign the report:**
 Candidate report: treasurer and candidate must sign.
 PC report: treasurer and chairperson must sign.
 PTY report: treasurer and chairperson must sign.
 ECO report: organization's treasurer must sign.
 IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

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CITY OF NORTH MIAMI
CITY CLERKS OFFICE

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name NoGoBond.com (2) I.D. Number _____

(3) Cover Period 03 / 01 / 2018 through 03 / 31 / 2018 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
03 / 27 / 2018 01	Karen & Ovidio De Leon 1955 S. Hibiscus Drive North Miami, FL 33181			CHE			75.00
03 / 27 / 2018 02	James T. Garrett 11610 N Bayshore Drive Unit 1A North Miami, FL 33181			CHE			25.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS ON HOW TO COMPLETE THIS REPORT

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INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date contribution was RECEIVED (Month/Day/Year).
- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
 For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.
- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:
 Occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

- (9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

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 CITY CLERKS OFFICE

- (10) Type the description of any in-kind contribution received.
Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".
- (11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.
- (12) Type amount of contribution received: **Political Committees ONLY:** Multiple uniform contributions from the same person, aggregating NMT \$250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name NoGoBond.com

(2) I.D. Number _____

(3) Cover Period 03 / 01 / 2018 through 03 / 31 / 2018

(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					
03 / 31 / 2018	No expenditures were made in this reporting period				0.00
01					
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INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).
- (2) Identification number assigned by the filing officer.
- (3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date of expenditure (Month/Day/Year).
- (6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

- (7) Full name and address of entity receiving payment (including city, state and zip code).
- (8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE:** This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).
- (9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

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- (10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

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**CITY OF NORTH MIAMI
CITY CLERKS OFFICE**

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

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MAR 26 2018

**CITY OF NORTH MIAMI
CITY CLERKS OFFICE**

1. Full Name of Committee

NoGoBond.com

Telephone

302-740-6442

Mailing Address (include city, state and zip code)

11610 N. Bayshore Drive, Unit 1A
North Miami, FL 33181

Street Address (include city, state and zip code)

11610 N. Bayshore Drive, Unit 1A
North Miami, FL 33181

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None	None	None

3. Area, Scope and Jurisdiction of the Committee

City of North Miami: District 1, District 2, District 3, and District 4

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

A grass root organization of citizens providing information resources for all citizens and/or registered voters of North Miami.

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Laura Hill	13075 Griffing Boulevard, North Miami, FL 33161	Chairperson
Judy Brown	1100 NW 128 Terrace, North Miami, FL 33168	1st Vice Chairperson
Karen DeLeon	1935 S. Hibiscus Drive, North Miami, FL 33181	2nd Vice Chairperson
John Porter	340 NE 131 Street, North Miami, FL 33161	Secretary
Jim Garrett	11610 N. Bayshore Drive, Unit 1A; North Miami, FL 33181	Treasurer
Jessica Alston	1140 NW 125 Street; North Miami, FL 33168	Director

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6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Laura Hill	13075 Griffing Boulevard, North Miami, FL 33161	Chairperson
Judy Brown	1100 NW 128 Terrace, North Miami, FL 33168	1st Vice Chairperson
Karen DeLeon	1935 S. Hibiscus Drive, North Miami, FL 33161	2nd Vice Chairperson
John Porter	340 NE 131 Street, North Miami, FL 33161	Secretary
Jim Garrett	11819 N. Bayshore Drive, Unit 1A, North Miami, FL 33161	Treasurer
Jessica Alston	1140 NW 125 Street, North Miami, FL 33168	Director

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
None	None	None	None

8. List Any Issues this Committee is Supporting: Any community grass root organization's issues

List Any Issues this Committee is Opposing: North Miami's Four Bond Issues totaling \$ 120M Dollars

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
Non-applicable as these four bond issues are non-partisan

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
Donated to a local non-profit organization

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
TD Bank	12620 Biscayne Boulevard, North Miami, FL 33181

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF Florida Miami-Dade COUNTY

I, Laura Hill, certify that the information in this Statement of Organization is complete, true and correct.

X Laura Hill
Signature of Chairman of Political Committee

03/26/2018
Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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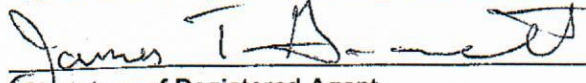
**CITY OF NORTH MIAMI
CITY CLERKS OFFICE**

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name James T. Garrett		Telephone 302-740-6442
Street Address 11610 N. Bayshore Drive, Unit 1A		
City North Miami	State FL	Zip Code 33181
Mailing Address 11610 N. Bayshore Drive, Unit 1A		
City North Miami	State FL	Zip Code 33181

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.


Signature of Registered Agent

03/26/2018

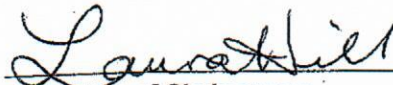
Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization NoGoBond.com		
Street Address 11610 N. Bayshore Drive, Unit 1A		Telephone 302-740-6442
City North Miami	State FL	Zip Code 33181


Signature of Chairperson

Laura Hill

Printed Name of Chairperson

03/26/2018

Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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**CITY OF NORTH MIAMI
CITY CLERKS OFFICE**

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization
NoGoBond.Com

2. Telephone
(302) 740-6442

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)
James T. Garrett jgfsu85@hotmail.com

5. Telephone (optional)
(302) 740-6442

6. Mailing Address
11610 N. Bayshore Drive, Unit 1A; North Miami, FL 33181

7. Street Address
11610 N. Bayshore Drive, Unit 1A; North Miami, FL 33181

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank 10. Street Address
TD Bank 12620 Biscayne Boulevard

11. City 12. State 13. Zip Code
North Miami FL 33181

14. Signature of Chairman 15. Name of Chairman (Print or Type)
X Laura Hill Laura Hill

Campaign Treasurer's Acceptance of Appointment

I, James T. Garrett, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for NoGoBond.com
(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

03/26/2018

Date

X James T. Garrett
Signature of Campaign Treasurer or Deputy Treasurer

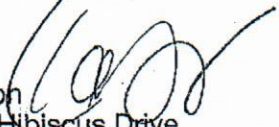
April 6, 2018

NoGoBond.com
c/o Jim Garrett

Dear Jim,

Please accept this as my resignation as Vice-Chair from nogobond.com PAC effective immediately. Regrettably, I am unable to be able to carry out the position as this time.

Thank you.


Karen DeLeon
1935 South Hibiscus Drive
North Miami FL 33181

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CITY CLERKS OFFICE