REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE PEC MAILING LABEL

TYPE OR PRINT

1. NAME OF COMMITTEE (IN FULL)

GOOD GOVERNMENT MAINSTREET ASSOCIATION

MAR 23 10 22 AM '93

ADDRESS (Number and street) ☐ Check if different than previously reported

P.O. Box 14065, 700 Universe Blvd.

2. FEC IDENTIFICATION NUMBER

C 00064774

CITY, STATE and ZIP CODE

Juno Beach, FL 33408

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period as (date)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☒ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 Covering Period 1/1/93 through 1/31/93		
6 (a) Cash on Hand January 1, 19 93		$ 23,228.00
(b) Cash on Hand at Beginning of Reporting Period	$ 23,228.00	
(c) Total Receipts (from Line 19)	$ 8,694.52	$ 8,694.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,922.52	$ 31,922.52
7 Total Disbursements (from Line 30)	$ 12.00	$ 12.00
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 31,910.52	$ 31,910.52
9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

R. B. Gessio

Signature of Treasurer

Date 3/17/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X (revised 1/1/89)

DETAILED [illegible]
OF RECEIPTS AND [illegible]
PAGE 2, FEC FORM [illegible]

(Revised 1/1/[illegible])

NAME OF COMMITTEE: GOOD GOVERNMENT MANAGEMENT ASSOCIATION

REPORT COVERED PERIOD: FROM 1/1/[illegible] TO 1/31/[illegible]

		COLUMN A Total This Period	COLUMN B Calendar Year
	I. Receipts		
11	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	Itemized (use Schedule A) (DBC)	45.00	45.00
	i. Unitemized (DBC)	8,499.07	8,499.07
	ii. Total (add i and ii) ➤	8,544.07	8,544.07
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contributions (add a ii, b and c) ➤	8,544.07	8,544.07
12	Transfers From Affiliated/Other Party Committees		
13	All Loans Received		
14	Loan Repayments Received		
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees	100.00	100.00
17	Other Federal Receipts (Dividends, Interest, etc.)	50.45	50.45
18	Transfers from Nonfederal Account for Joint Activity		
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,694.52	8,694.52
20	Total Federal Receipts (subtract line 18 from line 19) ➤		
	II. Disbursements		
21	Operating Expenditures:		
	a. Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share		
	ii. Non-Federal Share		
	b. Other Federal Operating Expenditures		
	c. Total Operating Expenditures (Add a i, a ii, and b) ➤		
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24	Independent Expenditures (use Schedule E)		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26	Loan Repayments Made		
27	Loans Made		
28	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contribution Refunds (Add a, b and c) ➤		
29	Other Disbursements (Bank Chgs)	12.00	12.00
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	12.00	12.00
31	Total Federal Disbursements (subtract line 21 a i from line 30) ➤		
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	8,544.07	8,544.07
33	Total Contribution Refunds (from line 28d)	0	0
34	Net Contributions (other than loans)(subtract line 33 from 32)	8,544.07	8,544.07
35	Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36	Offsets to Operating Expenditures (from line 15)		
37	Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

SCHEDULE A

ITEMIZED RECEIPTS

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

GOOD GOVERNMENT MANAGEMENT ASSOCIATION

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. J. B. Sewell 801 Pennsylvania Ave., NW. #640 Washington, D.C. 20004 Receipt For: Primary / General / Other (specify) Dues	Florida Power & Light Occupation Aggregate Year-to-Date $ 25.00	Biweekly Payroll Deduction $12.50	25.00
B. A. Batman 810 First Florida Bank Bldg. Tallahassee, FL 32301 Receipt For: Primary / General / Other (specify) Dues	Florida Power & Light Occupation Aggregate Year-to-Date $ 20.00	Biweekly Payroll Deduction $10.00	20.00
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Page (all item pages this line number only)			45.00

SCHEDULE A

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NAME OF COMMITTEE (In Full)

GOOD GOVERNMENT MANAGEMENT ASSOCIATION

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Debby P. Sanderson 4800 N.E. 20 Terr., Suite 401 Ft. Lauderdale, Fl 33308	Returned portion of contribution made in June 1993 for Gen. Committee. State House	1/13/93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	100.00

SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

GOOD GOVERNMENT MANAGEMENT ASSOCIATION

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Barnett Bank 2525 PGA Blvd. Palm Beach Gardens, FL 33410		1/31/93	4.29
Receipt For: X Other (specify) Interest Checking	Aggregate Year-to-Date $ 4.29		
B. Barnett Bank 2525 PGA Blvd. Palm Beach Gardens, FL 33410		1/31/93	46.16
Receipt For: Primary / General / X Other (specify) Interest Savings	Aggregate Year-to-Date $ 46.16		
C. Full Name, Mailing Address and ZIP Code			
Receipt For: Primary / General / Other (specify)	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code			
Receipt For: Primary / General / Other (specify)	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code			
Receipt For: Primary / General / Other (specify)	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code			
Receipt For: Primary / General / Other (specify)	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code			
Receipt For: Primary / General / Other (specify)	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

$ 50.45

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 30

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

GOOD GOVERNMENT MANAGEMENT ASSOCIATION

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barnett Bank 2525 PGA Blvd. Palm Beach Gardens, FL 33410	Disbursement for ☐ Primary ☐ General ☒ Other (specify) Bank Charge	1/31/93	12.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (attach only)			
TOTAL This Period (last page this line number only)			12.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 3/16/93
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED OTHER DATE OF RECEIPT

Eric [illegible] — PREPARER

3/23/93 — DATE PREPARED

FEC FORM 79-2 (1/95)