CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Beach Residents for Quality of Life	OFFICE USE ONLY							
Name								
(2) <u>2618 Centennial Place</u> Address (number and street)								
Tallahassee, FL 32308								
City, State, Zip Code								
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 <u>12</u> / <u>01</u> / <u>15</u> To	<u>12</u> / <u>31</u> / <u>15</u> Report Type: <u>M12</u>							
☑ Original ☐ Amendment ☐ Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , _0 . 00	Expenditures \$,4 , 250 . 00							
Loans \$,,	Transfers to							
Loans ,,,,	Office Account \$, , .							
Total Monetary \$, , 0.00								
	Total Monetary \$, 4, 250.00							
In-Kind \$,,								
	(8) Other Distributions							
	\$, ,							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>10</u> , <u>800</u> . <u>00</u>	\$,4 , _250 _00							
(44) Co.	l							
	son to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, cor	rect, and complete:							
(Type name) Mark Herron	(Type name)							
Individual (only for IE	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
× Mublimm	X							
Signatule	Signature							

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SEE REVERSE FOR INSTRUCTIONS

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Beach Residents for Quality of Life (2) I.D. Number						
(3) Cover Period	I <u>12</u> / <u>01</u> / <u>15</u>	through 12 /	³¹ ¹⁵	_ (4) Page	(of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Miami Beach Advisory Council

(2) I.D. Number _____

	/=	(C)	1 (2)		
(5) Date	(7)	(8)	(9)	(10)	(11)
	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if			
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
12 / 04 / 15	National Campaign Resource Grp LLC 11380 Prosperity Farms Rd. Ste 221E	Elections Mailing	м		\$4,250.00
1	Palm Beach Gardens, FL 33410				<i>Q4</i> ,230.00
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DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES