

## CAMPAIGN TREASURER'S REPORT SUMMARY

**(1) Beach Residents for Quality of Life**

Name \_\_\_\_\_

**(2) 2618 Centennial Place**

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)

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 12 / 01 / 16 To 12 / 31 / 16 Report Type: M12

Original

Amendment

Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 3.00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 3.00

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 4 , 300.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , 4 , 253.00

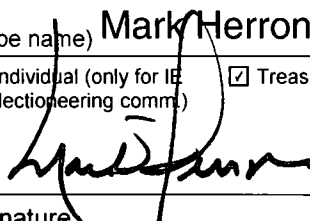
**(11) Certification**

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) Mark Herron

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

X   
Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
Signature

**OFFICE USE ONLY**  
2017 JAN -6 AM 10:08  
CITY CLERK, SUITE

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Beach Residents for Quality of Life (2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 01 / 16 through 12 / 31 / 16 (4) Page 1 of 1

(5) Date	(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
/ /							
/ /							
/ /							
/ /							
/ /							

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Beach Residents for Quality of Life

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 01 / 16 through 12 / 31 / 16

(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					
12 / 27 / 16	Hancock Bank P.O. Box 4019 Gulfport, MS 39502-4019	Dormant Account Fee	MON		\$3.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					