	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Guardians of Miami Beach	OFFICE USE ONLY							
( · /	Name	ONLINE SUBMISSION							
(2)	2618 Centennial Place	[1193226]							
	Address (number and street)	Submitted on: 10/10/2019 09:44:50 (eastern)							
	Tallahassee, FL 32308	10/10/2019 03:11:30 (cascelli)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
	Candidate Office Sought:								
	Political Committee (PC)	Cheek have if DC as FCO has dishauded							
	<ul> <li>         ☑ Electioneering Communications Org. (ECO)         ☐ Check here if PC or ECO has disbanded         ☐ Check here if PTY has disbanded</li> </ul>								
	☐ Independent Expenditure (IE) (also covers an ☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove		10 / 4 / 2019 Report Type: G01							
		ecial Election Report							
		<u> </u>							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$ , , 0 . 00	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
Total Monetary \$		, , , , , ,							
In-Kind \$,,		Total Monetary \$ , , 0 . 00							
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
` '	\$,,,0 00	\$ , , 0.00							
		tification							
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:							
(Ty	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Guardians of Miami Beach			(2) I.D. Number				
	9/1/2019		1	0/4/2019				
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e _ 1	of 0	
1000			14400		F			
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)			_				
Sequence Number	Street Address &		ontributor	Contribution	In-kind	Amendment	N	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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1 1								
37								
1								
1 1								
I I								
25 %								
1 1								
1 1								
<i>y</i> •								
1 1								
P								
1 1								

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

C (1) Name Guard	AMPAIGN TREASURER'S R lians of Miami Beach		EXPENDIT 2) I.D. Number	30	
	9/1/2019 10 / / through	/4/2019	) 1) Page <u>1</u>		0
(5) Date (6) Sequence Number	(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)	(11)
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