	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Guardians of Miami Beach	OFFICE USE ONLY									
	Name	ONLINE SUBMISSION									
(2)	2618 Centennial Place	Submitted on:									
	Address (number and street)	10/25/2019 14:16:39 (eastern)									
	Tallahassee, FL 32308										
	City, State, Zip Code										
	Check here if address has changed	(3) ID Number:30									
(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 ☐ Check here if no other IE or EC reports will be filed										
	individual making electioneering communications)										
	(5) Report	Identifiers									
Cove	er Period: From 10 / 5 / 2019 To										
X O	Driginal ☐ Amendment ☐ Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
(-,		Monetary									
Casl	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00									
Loar	ns \$,,,000	Transfers to									
		Office Account \$, , , 0 . 00									
Tota	al Monetary \$, , 0 . <u>00</u>										
		Total Monetary \$, , 0 . 00									
In-Ki	ind \$,, <u>0</u> . <u>00</u>										
		(8) Other Distributions									
		\$,, <u>0</u> . <u>00</u>									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
V -7	\$,,,000	\$, , 0.00									
		tification									
	It is a first degree misdemeanor for any personal										
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:									
(T	ype name)	(Type name)									
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)									
Х		X									
Si	ignature	Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Guardians of Miami Beach			(2) I.D. Number			
	10/5/2019			0/18/2019			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e 1	of
				r			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_	SELECT DESCRIPTION DESCRIPTION		Danie Protocoav II		
Sequence Number	Street Address &		ontributor	Contribution	In-kind	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
.7 7							
1 1							
1 1							
1 1							
5							
I I							
1 1							
I = I							
1 1							
,							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

) Name Guard	AMPAIGN TREASURER's lians of Miami Beach		(2) I.D. Numbei		30
3) Cover Period _	10/5/2019 //through_		(4) Page <u>1</u>	of _	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) Amendment	(11)
//					
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