	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Guardians of Miami Beach	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	2618 Centennial Place	Submitted on:						
Address (number and street)		11/1/2019 08:26:53 (eastern)						
	Tallahassee, FL 32308  City, State, Zip Code							
		(0) ID N						
	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 / 19 / 2019 To	10 / 31 / 2019 Report Type: G03						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(-)	Contributions Time Report	Monetary						
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00						
00.0.	sh & Checks Ψ,, <u>0</u> . <u>00</u>   Lxperiditures Ψ,, <u>0</u> . <u>00</u>							
Loan								
	Office Account \$ , , , 0							
Total	onetary \$,, <u>0</u> . <u>00</u>							
		Total Monetary \$ , , 0 . 00						
In-Ki	ind \$,,000							
		(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_						
	(11) Cert It is a first degree misdemeanor for any pers							
l a								
1 C	certify that I have examined this report and it is true, com	ect, and complete:						
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Guardians of Miami	Beach		2) I.D. Numbe	YP3	s O
	10/19/2019	1	.0/31/2019			
(3) Cover Period	I F	through	<i>ll</i>	(4) Pag	e <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1						
1 1						
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1 1						
j j						
1 1						
1 1						
, ,						

) Name Guard	AMPAIGN TREASURER'S lians of Miami Beach		2) I.D. Number		30
3) Cover Period _	10/19/2019 / / 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) Amount
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