CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Guardians of Miami Beach	OFFICE USE ONLY ONLINE SUBMISSION						
(· /	Name							
(2)	2618 Centennial Place	[1187438]						
	Address (number and street)	Submitted on: 5/2/2019 09:45:32 (eastern)						
	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)	Cheek have if DC as ECO has dishauded						
	☑ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ 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		4 / 30 / 2019 Report Type: M04						
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(0)	Continuations This Report							
Cash	n & Checks \$, , 0 . 00	Monetary Expenditures \$, , 0 . 00						
Ouoi	7 4 61100110							
Loans \$,,,0.00		Transfers to						
		Office Account \$, , 0 . 00						
Tota	I Monetary \$,,							
		Total Monetary \$, , 0 . 00						
In-Ki	nd \$,, <u>0</u> .00							
		(8) Other Distributions						
		\$,,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,,,000	\$, , 0.00						
	(11) Cert It is a first degree misdemeanor for any pers	rification						
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:						
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		x						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Guardians of Miami Beach			(2) I.D. Number				
	4/1/2019		4	4/30/2019				
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e	of 0	
1000 MB			1440		90. 100			
(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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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Guar</u>	URES	30			
	4/1/2019 //through	1/30/2019	, 4) 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) Amount
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