	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Guardians of Miami Beach	OFFICE USE ONLY				
(· /	Name	ONLINE SUBMISSION				
(2)	2618 Centennial Place	[1195318]				
	Address (number and street)	Submitted on: 12/3/2019 08:00:27 (eastern)				
	Tallahassee, FL 32308					
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:30				
(4)						
	Candidate Office Sought:					
	Political Committee (PC)	□ ol - l l - '' Po - Foo l - '' l - l - l				
		☐ 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		11 / 30 / 2019 Report Type: M11				
<u> </u>	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
		Monetary				
Cash	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 0 . 00				
1.00	ns \$, , 0.00	Transfers to				
Loar	is	Transfers to Office Account \$				
Tota	I Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00				
TOLA	,,,	Total Monetary \$, 0 . 00				
In-Ki	ind \$, , 0.00	I otal Monetary				
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions				
		(8) Other Distributions \$, , 0.00				
		, <u> </u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$	\$, , <u>0</u> . <u>00</u>				
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13. F.S.)				
l۰		• • • • • • •				
10	certify that I have examined this report and it is true, corr	ect, and complete:				
	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
<u>X</u>		X				
Si	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Guardians of Miami Beach			(2) I.D. Number				
	11/15/2019		1	1/30/2019				
(3) Cover Perio	od///	thro	ough	11	(4) Pag	e <u>1</u>	of	
				r				
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)	_	SECOND DESCRIPTION OF SECOND		Date: Principle			
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution	In-kind	Amendment	Amount	
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

	CAMPAIGN TREA		JRI – HEMIZE	DEXPENDIT	JRES	
(1) Name Gua	Guardians of Miami Beach			(2) I.D. Number	30	
	11/15/2019	11/30,	/2019	-		
(3) Cover Period	I = I = I	through /	1	(4) Page 1	of	0
				STORY WAS CHARGE WITHOUT AND ADDRESS OF THE PARTY OF THE	. 55550	
(5)	(7)		(8)	(9)	(10)	(11)
Date	Full Nan	ne	Purpose		~ ~	

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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