CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Guardians of Miami Beach	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1200855]							
(2) <u>2618 Centennial Place</u>	Submitted on:							
Address (number and street) Tallahassee, FL 32308	3/4/2020 15:44:47 (eastern)							
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							
	Check here if PTY has disbanded							
Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
(5) Report Identifiers								
Cover Period: From <u>2</u> / <u>1</u> / <u>2020</u> To	2 / 29 / 2020 Report Type: <u>M2</u>							
☑ Original ☐ Amendment ☐ Spectrum	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,,,	Expenditures \$,,,							
Loans \$,,_0.00	Transfers to							
	Office Account \$,,0 . 00							
Total Monetary \$,, 0.00								
	Total Monetary \$, , , 0 . 00							
In-Kind \$,, <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							
\$,, <u>0</u> <u>00</u>	\$,, <u> 00</u> . <u> 00</u>							
(4)								
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
I certify that I have examined this report and it is true, correct, and complete:								
(Type name)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	X							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Name <u>Guardians of Miami Beach</u> (2) I.D. Number				r;	30	
	2/1/2020		2	/29/2020		1	0
(3) Cover Perio	bd / /	thro	ough	11	(4) Page	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
1 1							
/ /							
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Gua	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES Name Guardians of Miami Beach (2) I.D. Number 30							
(3) Cover Period	2/1/2020 I/through_	2/29/2020 /(4) Page <u>1</u>	of	0			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)			
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount			
_/ /								
_/ /								
//								
//								
_/ /								
11								
11								

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES