	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Guardians of Miami Beach	OFFICE USE ONLY				
( - /	Name	ONLINE SUBMISSION				
(2)	2618 Centennial Place	[1202605]				
	Address (number and street)	Submitted on: 4/1/2020 07:55:11 (eastern)				
	Tallahassee, FL 32308	(Castern)				
	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 how if DC on ECO has disheaded				
	<ul><li></li></ul>	<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>				
	☐ 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 3 / 1 / 2020 To					
		ecial Election Report				
		<u> </u>				
(6)	Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$ , , , 000		Monetary				
Loans \$,,,000		Transfers to				
	<b>f</b>	Office Account \$ , , 0 . 00				
Tota	I Monetary \$ , , , 000	Total Manatania (h				
	. • • 0 00	Total Monetary \$ , , 0 . 00				
In-Ki	find \$					
		(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>0</u> . <u>00</u>				
		tification on to falsify a public record (ss. 839.13, F.S.)				
1	-	• • • • • •				
ΙC	certify that I have examined this report and it is true, corr	ect, and complete:				
(Type name)		(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
Х		×				
	gnature	Signature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name										
	3/1/2020		3/31/2020							
(3) Cover Perio	od / /	through	1	(4) Pag	e <sup>1</sup>	of <sup>0</sup>				
	20				72 19					
(5)	(7)	(8)	(9)	(10)	(11)	(12)				
Date	Full Name	(=)	(=)	(:-)	X : 12	( -)				
(6)	(Last, Suffix, First, Middle)									
Sequence	Street Address &	Contribute	or Contribution	In-kind						
Number	City, State, Zip Code	Type Occup		Description	Amendment	Amount				
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	ians of Miami Beach 3/1/2020 3 / / through	/31/2020	2) I.D. Numbei 1) Page1	-	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)
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