CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Guardians of Miami Beach	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION						
(2)	2618 Centennial Place	Submitted on:						
	Address (number and street)	5/4/2020 08:13:02 (eastern)						
,	Tallahassee, FL 32308 City, State, Zip Code							
		(0) 10 Nearly 20						
	Check here if address has changed	(3) ID Number:30						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: ☐ Political Committee (PC)							
	☐ Folitical Committee (FC) ☐ 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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
	,							
	(5) Report	Identifiers						
Cove	er Period: From $\frac{4}{2}$ / $\frac{1}{2020}$ To	4 / 30 / 2020 Report Type: M4						
X O	original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	-	Monetary						
Cash	h & Checks \$, , ,000_	Expenditures \$, , 0 . 00						
Loan	ns \$,, <u>0</u> .00	Transfers to Office Account \$						
T 4-1	0 00	Office Account \$, , , 0 . 00						
lota	Il Monetary \$, , , 0 . 00	Total Monetary \$. 0 . 00						
In-Ki	ind \$, , 0.00	Total Monetary \$, , 0 . 00						
III-IXI	nd	(8) Other Distributions						
		(8) Other Distributions \$, , <u>0</u> 00_						
		· / /						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>0</u> 00	\$, , <u>0</u> . <u>00</u>						
	(11) Cert	tification						
	It is a first degree misdemeanor for any perso							
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:						
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)						
	electioneering comm.)							
Х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Guardians of Miami	Beac	h		2) I.D. Numbe	er3	0
	4/1/2020 od///		4	/30/2020 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9)	(10)	(11)	(12) Amount
/ /	Oity, State, Zip Code	Туре	Occupation	Туре	Description	Allerdient	Amount
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1 1							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Guardians of Miami Beach (2) I.D. Number 30									
(3) Cover Period	4/1/2020 /through	4/30/2020	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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