	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Beach Residents for Quality of Life	OFFICE USE ONLY ONLINE SUBMISSION
(2)	Name 2618 Centennial Place	[1188661]
(4)	Address (number and street)	Submitted on:
	Tallahassee, FL 32308	6/10/2019 09:12:11 (eastern)
-	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:33
(4)	Check appropriate box(es):	
	Candidate Office Sought:	
	 □ Political Committee (PC) ☑ Electioneering Communications Org. (ECO) □ Party Executive Committee (PTY) □ Independent Expenditure (IE) (also covers an individual making electioneering communications) 	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed
	(5) Report	Identifiers
Cove	er Period: From $\frac{5}{2}$ / $\frac{1}{2}$ / $\frac{2019}{201}$ To	5 / 31 / 2019 Report Type: M05
🛚 Or	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Casn	n & Checks \$, , ,000	Expenditures \$, , 0 . 00
Loan	s \$,,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00
Total	I Monetary \$, , ,000	Total Monetary \$, , 0 . 00
In-Kir	nd \$, , 0 . <u>00</u>	,, <u></u>
		(8) Other Distributions
		\$, , <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>10</u> , <u>800</u> . <u>00</u>	\$
	(11) Cert It is a first degree misdemeanor for any perso	
l ce	ertify that I have examined this report and it is true, corre	ect, and complete:
_(Ту	/pe name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
X		X
Sia	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Beach Residents fo	r Quality of	Life	2) I.D. Numbe	∍r	3.3
	5/1/2019		5/31/2019			
(3) Cover Perio	od//	through	1 1	(4) Pag	je ¹	of ⁰
11.00						
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation	ACADA CANADA CONTRA LA CONTRA	Description	Amendment	Amount
CHICA SERVICE SAY SICK SHEET CHICAGO	The second second	Service Servic	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	processor and pr		900 - 304 (0.00 PM 0.00 PM 0.0
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201 100						
1 1	-					
I I						
1						
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1 1						
1 1	-					
				I .		I

(1) Name <u>Beac</u>	ch Residents for Quality of						
(3) Cover Period	5/1/2019 5/3 / / through	1/2019 //(4	4) Page <u>1</u>	of	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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