CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Beach Residents for Quality of Life	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	2618 Centennial Place	Submitted on:						
	Address (number and street)	9/3/2019 10:37:40 (eastern)						
	Tallahassee, FL 32308							
	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)	Check here if PC or ECO has disbanded						
	☑ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	Check here if PTY 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	er Period: From 8 / 1 / 2019 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$,,,	Monetary						
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Tota	I Monetary \$,,0 . 00	,,,,						
		Total Monetary \$, , 755 . 00						
In-Ki	nd \$,,, _0 . 00							
		(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>	\$, <u>8</u> , <u>458</u> . <u>00</u>						
		tification						
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:								
Conting that i have examined this report and it is tide, confect, and complete.								
<u> </u>	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Beach Residents fo	r Qua	lity of Li	fe (2) I.D. Numbe	er3	13
(2) Carray Dani	8/1/2019	thra	8 Sugh	/31/2019	(4) Da-	. 1	_ 0
(3) Cover Perio	od///		ougn	<i>i i</i>	(4) Pag	je <u>-</u>	or
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
1 1							
<i>I</i> 1							
1 1							
I I							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Beach	Residen	ts for	Quality	of	Life		(2) I.D. Nur	nber	3	13	
		8/1/2019	9		8/3	31/201	9					
(3) Cover Pe	riod	1	1	through		1	I	(4) Page	1	of	1	

(5)	(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
8/13/2019	Messer Caparello, P.A., 2618 CENTENNIAL PLACE Tallahassee, Fl 32308	legal/administr ative expenses	МО		\$755.00
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