	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Beach Residents for Quality of Life	OFFICE USE ONLY ONLINE SUBMISSION						
(2)	Name 2618 Centennial Place	[1237999]						
(4)	Address (number and street)	Submitted on:						
	Tallahassee, FL 32308	11/2/2020 09:29:57 (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 fill								
	(5) Report	Identifiers						
Cove	er Period: From 10 / 1 / 2020 To	10 / 31 / 2020 Report Type: M10						
<u>X</u> 0	original ☐ Amendment ☐ Spe	ecial Election Report						
	Contributions This Report	(7) Expenditures This Report						
(0)	Continuations This Report	Monetary						
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , <u>510</u> . <u>00</u>						
Loan	s,,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Total	Il Monetary \$, , , 0 . 00							
In-Ki	ind \$, , 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>9</u> , <u>448</u> . <u>00</u>						
	(11) Cert 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:						
_(T)	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Sic	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Reach Residents fo			2) I.D. Numb	er	3
(3) Cover Perio	10/1/2020 od////	through	10/31/2020	(4) Pag	ge <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1						
1 1						
1 1						
1 1						
1 1						
1 1						
1 1						
1 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Beach	Resident	ts for	Quality	of	Life	2	 (2) I.D. Nur	nber	3	13	
		10/1/202	0		10,	/31/2	020					
(3) Cover Pe	riod	1	1	through		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
10/13/2020	Messer Caparello, P.A., Messer Caparello 2618 CENTENNIAL PLACE Tallahassee, Fl 32308-	legal/admin expenses	МО		\$510.00
//					
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.					