	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Beach Residents for Quality of Life	OFFICE USE ONLY
	Name	ONLINE SUBMISSION [1195317]
(2)	2618 Centennial Place	Submitted on:
	Address (number and street)	12/3/2019 07:58:44 (eastern)
	Tallahassee, FL 32308 City, State, Zip Code	
	_	(2) 17 11
	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)	☐ Check here if PC or ECO has disbanded
	Party Executive Committee (PTY)	☐ 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 11 / 15 / 2019 To	
X O	riginal Amendment Spo	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Casl	n & Checks \$, , 0 . 00	Expenditures \$, , _0 . 00
	(
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$
		Office Account \$, , , 0 . 00
Tota	I Monetary \$, , , 000	Total Monetary \$. 0 . 00
	nd \$, , 0.00	Total Monetary \$, , 0 . 00
In-Ki	nd \$,, <u>0</u> . <u>00</u>	(0) 011 5: (1) (1
		(8) Other Distributions \$, , 0.00
		\$,, <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$, <u>8</u> , <u>458</u> . <u>00</u>
		tification on to falsify a public record (ss. 839.13, F.S.)
١٠	ertify that I have examined this report and it is true, corr	
10	ertily that i have examined this report and it is true, con	ect, and complete.
	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
X		X
Sie	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Beach Residents for Quality of Life (2) I.D. Number 33									
(2) Caver Beri	11/15/2019	thro	1	1/30/2019	(4) Don	. 1	ze 0			
(3) Cover Perio	od///		Jugn	<i>i i</i>	(4) Pag	je	OI			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)			
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind	0	•			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount			
J J										
1 1										
1 1										
1 1										
I I										
J I										
J I										
1 1										

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Beach	Residen	ts for	Quality	of	Life	2	 (2) I.D. Nun	nber	3	33	370
		11/15/20)19		11,	/30/2	019	**				
(3) Cover Pe	riod	I	1	through		1	1	(4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
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