	CAMPAIGN TREASURE	R'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)	1/3/2020 08:41:26 (eastern)					
,	Tallahassee, FL 32308	2,3,232 33 12 23 (222222)					
	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) [☐ 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	dentifiers					
Cove		12 / 31 / 2019 Report Type: M12					
X O		ecial Election Report					
		<u> </u>					
(6)	Contributions This Report	(7) Expenditures This Report					
Ozak	\$ 0.00 states \$ 0.00	Monetary Expenditures \$, , 0 . 00					
Casi	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00					
Loar	ns \$, , 0.00	Transfers to					
		Office Account \$, , 0 . 00					
Tota	I Monetary \$, , 0 . 00						
	·	Total 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					
	\$, _10 , _80000	\$, 8, 458. 00					
	(11) Cert It is a first degree misdemeanor for any pers						
I certify that I have examined this report and it is true, correct, and complete:							
_(T <u>)</u>	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Beach Residents fo	r Qua	lity of Li	fe (2) I.D. Numbe	er	3
	12/1/2019		1	2/31/2019			
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
I I							
1 1							
1 1							
I I							
1 1							
I I							
J I							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Beach	Residen	nts for	Quality	of	Life	9	 (2) I.D.	Numb	er		33	an-
		12/1/20	19		12,	/31/2	2019	. ,					
(3) Cover Pe	eriod	I	1	through		1	1	(4) Pag	е	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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//					
//					
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