CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Beach Residents for Quality of Life	OFFICE USE ONLY							
Name (2) 2618 Centennial Place	ONLINE SUBMISSION [1159458]							
(2) <u>2618 Centennial Place</u> Address (number and street)	Submitted on:							
Tallahassee, FL 32308	7/2/2018 10:48:12 (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)	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								
Cover Period: From <u>6</u> / <u>1</u> / <u>2018</u> To	0 6 / 30 / 2018 Report Type: <u>M6</u>							
☑ Original	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 0 . 00	Expenditures \$, , 0 . 00							
Loans \$, 0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$, , 0.00								
	Total Monetary \$,,0 . 00							
In-Kind \$,, <u>0</u> .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>	\$7_, 283.00							
	rtification son to falsify a public record (ss. 839.13. F.S.)							
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:								
(Type name)	(Type name)							
or electioneering comm.)								
X	X							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name						
	6/1/2018	~		/30/2018			
(3) Cover Perio	od / /	thre	bugh	I I	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	A CONTRACTOR DE LA CONT	Туре	Description	Amendment	Amount
1 1				6.215			
1 1							
/ /	-						
1 1							
1 1							
1 1							
1 1							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Beach Residents for Quality of Life (2) I.D. Number 33							
(3) Cover Period	6/1/2018 //through	6/30/2018	4) Page <u>1</u>		0		
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
_/ /							
//							
_/ /							
_/ /							
_/ /							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES