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)	7/1/2021 07:42:24 (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)  ☐ 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	t Identifiers						
Cove	er Period: From $6 / 1 / 2021$ To							
	riginal 🖾 Amendment 🔲 Spr	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , 1 , 352 . 00						
T	s \$ , , 0.00	Total						
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Toto	I Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00						
TULA	,,,	Total Monetary \$ , 1 ,352 . 00						
In-Ki	ind \$ , , 0.00	, , , ,						
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions						
		(8) Other Distributions \$ , , 000_						
		, <u> </u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$						
	(44) 0	100						
		tification son to falsify a public record (ss. 839.13, F.S.)						
1 0	I certify that I have examined this report and it is true, correct, and complete:							
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
	<u> </u>							
X		<u>X</u>						
Si	gnature	Signature						

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Beach Residents fo	r Quality	of Life	(2) I.D. Numbe	er3	3
	6/1/2021		6/30/2021			
(3) Cover Perio	od//	through	11	(4) Pag	je <u>1</u>	of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contribu	utor Contribution	In-kind Description	Amendment	Amount
f I		2.4 20	200.0			
1 1						
1 1	-					
j j						
j j	-					
f I						
1 1						
/ /						

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Beach	Residen	its fo	or Quality	of	Life		 (2) I.D. Nun	nber	3	33	
		6/1/202	1		6/3	0/20	21		-			
(3) Cover Pe	riod	1	1	through		1	1	(4) Page	1	of	1	

(5) Date	(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	
6/8/2021	Messer Caparello, Messer Caparello 2618 CENTENNIAL PLACE TALLAHASSEE, FL 32308-	legal/admin expenses	МО	Add	\$1,352.00	
1						
_//						
//						
//						
//						
//						
//						
//						
DS-DE 14 (Rev				L l		