CAMPAIGN	TREASURER'S	REPORT SUMMA	ARY			
(1) Beach Residents for Qual:	ity of Life		CE USE ONLY			
Name		ONLINE SUBMISSION [1228760]				
(2) 2618 Centennial Place		_ Submitted on				
Address (number and street)			17:27 (eastern)			
Tallahassee, FL 32308 City, State, Zip Code		_				
Check here if address has cha	naad	(3) ID Number:	33			
	igeu	(3) ID Number.	33			
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications (PTY) Independent Expenditure (IE) (als individual making electioneering communications (PTY)	Ctoo covers an	eck here if PC or ECO heck here if PTY has distect here if no other IE o				
	(5) Report Ider	ifiers				
Cover Period: From $8 / 1$	/ <u>202</u> 0 To <u>8</u>	/ 31 / 2020	Report Type: M8			
	☐ Special I	lection Report				
(6) Contributions This Report	(7)	Expenditures This	Report			
Cash & Checks \$, ,	I	etary enditures \$, <u> </u>			
Loans \$,,		e Account \$,,_0 .00			
Total Monetary \$	Tot	I Monetary \$, , 0 . 00			
In-Kind \$,						
	(8)	Other Distribution:	0 00			
(9) TOTAL Monetary Contributions	To Date (10)	TOTAL Monetary E	Expenditures To Date			
\$, <u>10</u> , <u>800</u> .	00	\$, 8	, 938 . 00			
It is a first degree misdemea		falsify a public record (ss. 839.13, F.S.)			
	ſ	•				
(Type name) ☐ Individual (only for IE ☐ Treasurer ☐ or electioneering comm.)		ype name) Candidate	nairperson (only for PC and PTY)			
X)					
Signature		gnature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name						
(2) Cover Beris	8/1/2020	through	3/31/2020	/4) Boss	_ 1	of ⁰
(3) Cover Perio	od////		<i>'</i>	(4) Pag	е	OI
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
construction for any objects and in	The state of the s	Total Programme of the Control of th	0.5.2	en I.		gran agent in the property of the control of
/ /						
<i>I</i>						
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(1) Name Bea		of Life (2 //31/2020	EXPENDIT 2) I.D. Number 3) Page1	6 6	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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