

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Matthew Devin Guzio
Name

(2) 2200 S. Ocean Dr., APT 107
Address (number and street)

HOLLY WOOD, FL 33019
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 / 20 To 04 / 30 / 20 Report Type: 2020-M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	-	-	0	0
Loans	\$	-	-	0	0
Total Monetary	\$	-	-	0	0
In-Kind	\$	-	-	0	0

(7) Expenditures This Report

Monetary Expenditures	\$	-	-	0	0
Transfers to Office Account	\$	-	-	0	0
Total Monetary	\$	-	-	0	0

(8) Other Distributions
 \$ - , - , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ - , - , 0 . 0

(10) TOTAL Monetary Expenditures To Date

\$ - , - , 0 . 0

(11) Certification

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) MATTHEW D. GUZIO

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) MATTHEW D. GUZIO

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MATTHEW Devin Guzio (2) I.D. Number _____

(3) Cover Period 04, 01, 20 through 04, 01, 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
- / - / -		-	-	-	-	-	-
NONE	Ø						
 / /	 / /	 /	 /	 /	 /	 /	 /
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MATTHEW DEVIN GUZIO

(2) I.D. Number _____

(3) Cover Period 04, 01, 20 through 04, 30, 20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/// NONE	_____ Ø	_____	_____	_____	_____
///	_____	_____	_____	_____	_____
///	_____	_____	_____	_____	_____
///	_____	_____	_____	_____	_____
///	_____	_____	_____	_____	_____
///	_____	_____	_____	_____	_____
///	_____	_____	_____	_____	_____
///	_____	_____	_____	_____	_____
///	_____	_____	_____	_____	_____

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Matthew Devin Guzio

(2) I.D. Number _____

(3) Cover Period 04,01,20 through 04,30,20

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
<u>///</u>	<u>NONE</u>	<u>- Ø</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Matthew Devin Guzio (2) I.D. Number _____

(3) Cover Period 04, 01, 20 through 04, 30, 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
<u> / /</u> NONE	<u>- 0</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
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CONTRIBUTIONS RETURNED

(Section 106.07(4)(b), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: MATTHEW DEVIN GUZIO

Full Address: 2200 S. OCEAN DR., APT 107 HOLLYWOOD, FL 33019

Full Name and Address of Contributor:

N/A

Amount of Contribution: \$ —

Date Received: —

Date Returned: —

Full Name and Address of Contributor:

N/A

Amount of Contribution: \$ —

Date Received: —

Date Returned: —

Full Name and Address of Contributor:

N/A

Amount of Contribution: \$ —

Date Received: —

Date Returned: —

Full Name and Address of Contributor:

N/A

Amount of Contribution: \$ —

Date Received: —

Date Returned: —

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

MATTHEW DEVIN GUZIO

Type or Print Name of Candidate, Treasurer or Chairman

X

Signature