

**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MATTHEW D. GUZIO  
 Name  
 (2) 2200 S. OCEAN DR, APT 107  
 Address (number and street)  
Hollywood, 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 05 / 01 / 20 To 05 / 31 / 20 Report Type: M5 <sup>2020</sup>

- 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 D. GUZIO (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 05 / 01 / 20 through 05 / 31 / 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		
/ /	N/A	-	-	-	-	-	<del>0</del>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name MATTHEW GUZIO (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 05/01/20 through 05/31/20 (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					
<del>1/1</del>	N/A	-	-	-	<del>0</del>
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