CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Buy K Parker	OFFICE USE ONLY					
Name (2) 162165W War Field B) Address (number and street) Lindian fown F 3495e City, State, Zip Code	Rcid 6/18/20 at 2:0apm					
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): Candidate Office Sought: 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						
	0 06 / 12 / 2020 Report Type: 6 1					
	pecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, <u>200 00</u>	Monetary Expenditures \$,, 100 . 00					
Loans \$,, <u>200</u> . <u>00</u>	Transfers to Office Account \$, ,					
Total Monetary \$, , <u>200</u> . <u>50</u>	Total Monetary \$,,					
In-Kind \$, ,						
	(8) Other Distributions \$, ,					
(9) TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date					
(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) GUY R. PAN C 1:6 ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) GUYRPARE ST					
X J M M Signature	X JA Dr.A. Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>しゅy パアカRドデア</u> (2) I.D. Numb							
(3) Cover Period	66101120	throu	ıgh <u>06</u> /	12/20	(4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
06,11,20	GUY RIPARICER 16216 SWIND FC. THORYBUND FC. 34956	9	10VET				61
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

		D EXPENDITURES (2) I.D. Number			
(3) Cover Peri	od <u>06 / 0 / / 2 0</u> through <u>0 6</u>	112120	(4) Page	of	/
(5) Date (6) Sequence Number	(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)	(11)
//	GUYR PHRKER				
06 /11 /20 #/	VICL17615 of Indiguotan 1655 o SW WARISTELPS INDIANTOWN, 1=1.34956	QUALIFYNG FIE IE	hior!		100.00
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