

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) GUY R. PARKER  
Name

(2) 16216 SW INDIANWOOD CIRCLE  
Address (number and street)  
INDIAN TOWN, FL. 34956  
City, State, Zip Code

OFFICE USE ONLY

JUL 6 '20 AM 8:46

Postmarked July 2, 2020

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: COUNCILMAN SEAT 41  
☐ 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 06/13/2020 To 06/26/2020 Report Type: G2

☒ Original ☐ Amendment ☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$        ,        , 500.00  
Loans \$        ,        ,         
Total Monetary \$        ,        , 500.00  
In-Kind \$        ,        ,       

## (7) Expenditures This Report

Monetary Expenditures \$        ,        ,         
Transfers to Office Account \$        ,        ,         
Total Monetary \$        , 00 , 00.00

## (8) Other Distributions

\$        ,        ,       

## (9) TOTAL Monetary Contributions To Date

\$        ,        , 500.00

## (10) TOTAL Monetary Expenditures To Date

\$        , 00 , 00.00

## (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. PARKER

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

X [Signature]  
Signature

(Type name) GUY R. PARKER

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name GUY R. PARKER (2) I.D. Number \_\_\_\_\_

(3) Cover Period 06/13/20 through 06/26/20 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)                                     | (8)<br>Contributor |                         | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|---------------------------------------------------------------------------------------|--------------------|-------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number | Street Address &<br>City, State, Zip Code                                             | Type               | Occupation              |                             |                                |                   |                |
| 06,26,20                  | FOOD SHOP/SHELL<br>- DISCHAMP<br>HARDIE<br>WARFIELD BLVD<br>INDIAN TOWN, FL.<br>34956 | B                  | SHELL<br>GAS<br>STATION | CHIE                        |                                |                   | \$500.00       |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |
| / /                       |                                                                                       |                    |                         |                             |                                |                   |                |

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

(1) Name GUY R. PARKER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06/13/20 through 06/26/20

(4) Page 1 of 1

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| //          | N. A.                                                                                          | -                                                                          | -                          | -                 | -              |
|             |                                                                                                |                                                                            |                            |                   |                |
| //          |                                                                                                |                                                                            |                            |                   |                |
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| //          |                                                                                                |                                                                            |                            |                   |                |
|             |                                                                                                |                                                                            |                            |                   |                |

6 PARKER  
16216 SW INDIANWOOD CIRCLE  
INDIAN TOWN, FL.  
34956

Village of INDIAN TOWN  
P.O. BOX 398  
c/o SUSAN OWENS  
INDIAN TOWN, FL.  
34956



1000



34956

U.S. POSTAGE PAID  
FROM INDIAN TOWN, FL  
34956  
JUL 02, 20  
AMOUNT  
**\$0.70**  
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