	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	NAOMI R PARKER	OFFICE USE ONLY							
	Name								
(2)	400 NE 22ND ST	0011 (1.014) 8:22-							
	Address (number and street) WILTON MANORS, FL 33305	Medd 6/10/14 8:22am							
-	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
` '	☑ Candidate Office Sought: COMMISSIO	NER							
	Political Committee (PC)								
 ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded 									
	Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
	individual fracting decorrecting communications/								
	(5) Report								
Cove	er Period: From <u>05 / 01 / 2014</u> To	05 / 31 / 2014 Report Type: M5							
 ✓O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	100 00	Monetary 58 38							
Cast	n & Checks \$, , 100. 00	Expenditures \$,, 58 . 38							
Loan	s , <u>100.</u> <u>00</u>	Transfers to							
		Office Account \$,,							
Tota	Monetary \$,, 200. 00	F. 20							
	•	Total Monetary \$, , , 38							
In-Ki	nd • , ,	(8) Other Distributions							
		\$,,							
(6)	TOTAL Management County of the								
(9)	TOTAL Monetary Contributions To Date \$, , 200 , 00	(10) TOTAL Monetary Expenditures To Date \$							
	, <u></u> , <u></u>	,,,							
(11) Certification									
It is a first degree misdemeanor for any person to faisify a public record (ss. 839.13, F.S.)									
I certify that I have examined this report and it is true, correct, and complete:									
	ype name) REGINA SANDERS	(Type name) NAOMI PARKER							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
	Rankon M. Ja.	1 Mar KAn							
	ignature/	Signature							
5	gnature/	Signature							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	R PARKER		(2) I.D. Number					
(3) Cover Period	05 / 01 / 2014	through	gh /	31 / ²⁰¹⁴	_ (4) Page	<u> </u>	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10)	(11)	(12)	
Number 05 14 2014 / / 1	City, State, Zip Code PARKER, NAOMI 400 NE 22ND ST WILTON MANORS, FL 33305	Type s	Occupation	Type	Description	Allendings	<u>Amount</u>	
05	KIM L GREENE 24 RITTERS RIDGE CT OWINGS MILLS, MD 21117	I		СНЕ			50.00	
05 27 2014 3	BETTY DIENER 315 NE 3RD AVE APT 907 FORT LAUDERDALE, FL 33301	I		Cas			50.00	
I I			·					
i i								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name NAOMI	CAMPAIGN TREASURER'S REPORT — ITEMIZED EXPENDITURES MI R PARKER (2) I.D. Number								
(3) Cover Perio	d 05 /01 /2014 through 05 /31 /2014		4) Page	of					
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)				
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount				
05 /29 / 2014	GO DADDY GROUP INC 14455 N HAYDEN RD STE 219 SCOTTSDALE, AZ 85260		CAN		53.88				
05 /17 / 2014	I 10931 LATRIKATK DR		CAN		4.50				
//									
//									
_//									
//			·						
//									
11									

Patricia Staples

From: Kathryn Sims

Sent: Tuesday, June 10, 2014 8:22 AM

To: Patricia Staples

Subject: Fwd: Treasurer's Report - Naomi Parker campaign **Attachments:** Treasurer's Report 5 31 14.pdf; ATT00001.htm

Good Morning, For processing. Thanks!

Sent from my iPhone 5

Begin forwarded message:

From: "Regina Sanders" < sanders.regina@gmail.com>

To: "Kathryn Sims" < ksims@wiltonmanors.com>, "Naomi Wilton Manors"

<drarparker@gmail.com>

Subject: Treasurer's Report - Naomi Parker campaign

Kathryn,

Please find attached the May 31, 2014 Treasurer's report for Naomi Parker.

Regina Sanders

Treasurer - Naomi Parker campaign

Regina Sanders

CPA: www.reginasanderscpa.comhttp://www.reginasanderscpa.com/

Licensed Insurance Agent Fax 954-342-2326 Office 954-239-7193

www.fl-medical-insurance.com/>