FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Neighbors Protecting Neighbors, Inc.	OFFICE USE ONLY 105						
Name (2) 920 Third Street, Suite B, Neptune Beach Address (number and street)	ONLINE SUBMISSION [1000201]						
City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
	IDENTIFIERS						
Cover Period: From	5/10/2007 / Report TypeG3						
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$ 21,432.18						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 21,432.18						
In-Kind \$	No. 242						
	(8) Other Distributions \$0.00						
(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) (Type name)							
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Neighbors Protecti	ng Ne	ighbors, 1	inc. (2) I.D. Numbe	r 1	.05
	4/21/2007		5	/10/2007			
(3) Cover Perio	od//	thro	ough	11	(4) Page	1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Neighbo	rs I	Protec	ting Neighb	ors, I	nc.	 (2) I.D. Num	ber	1	L05	av.
	4,	/21/	2007		5/10/	2007	~ ~	-			
(3) Cover Pe	riod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4/15/2007	Compass Bank, 299 Monument Rd. Jacksonville, FL 32225	bank fee	MO		\$3.00
1					×
4/26/2007	NEFBA, 102 Century 21 Dr Suite 100 Jacksonville, FL 32216	dispursem final ent of funds	МО		\$21,429.18
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DS-DE 14 (Rev.	20/00				