(1) DONNA C PETERMAN OFFISE USE DELLY								
(2) 713 W. Retta Esplanade Address (number and street) JUN 2 0 2022	JUN 2 0 2022							
Pu NTA Gorda FC. 33950 City, State, Zip Code CITY CLERK'S OFFICE								
Check here if address has changed (3) ID Number:								
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								
Cover Period: From 06 / 06 / 2022 To 06 / 24 / &022 Report Type:								
☐ Original ☐ Amendment ☐ Special Election Report								
(6) Contributions This Report (7) Expenditures This Report								
Cash & Checks \$,, Monetary Expenditures \$,, 159.	1							
Loans \$, <u>5</u> , <u>000</u> . Transfers to Office Account \$,, .								
Total Monetary \$,, Total Monetary \$, [5]								
In-Kind \$,,								
(8) Other Distributions \$, ,								
(9) TOTAL Monetary Contributions 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) PONNA C. Peterman (Type name) PONNA C. Peterman								
x lighture x light Signature								

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DONNA C. PeternAN (2) I.D. Number									
(3) Cover Period 06 / 06 / 20 12 through 06 / 24 / 2022 (4) Page of									
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	_	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12)		
86,06 nor	John & Donna Peterman 713 WREH4 33990 ESPIANADE PUNTA GOUDA	LORN	refused	LOAN	g See		5,600		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(2) I.D. Number (3) Cover Period 06 / 06 / 20 through 06 /24 / 20 r (4) Page _____ of (8) (10) (11) (5) **Date** Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) **Expenditure** Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment **Amount** Number 06/66 from City of Printa Gorda City Council Printa Gorda, FL 33950 159.59