

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) BOB PETERSON

Name

(2) 3606 BONAIRE CT

Address (number and street)

PUNTA GORDA, FL 33950

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

11-03-16P02:40 RCVD

(4) Check appropriate box(es):

Candidate Office Sought: PUNTA GORDA CITY COUNCIL, DISTRICT 4

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 10 / 22 / 16 To 11 / 03 / 16 Report Type: G7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 325 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 325 . 00

In-Kind \$ _____ , _____ , 291 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 6 , 462 . 58

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 6 , 462 . 58

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 32 , 430 . 55

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 20 , 518 . 93

(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) Brenda Lynch

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

X *Brenda Lynch*

Signature

(Type name) Bob Peterson

Candidate Chairperson (only for PC and PTY)

X *Bob Peterson*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BOB PETERSON (2) I.D. Number _____

(3) Cover Period 10 / 22 / 16 through 11 / 03 / 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
10 / 23 / 16 01	Lorah, Jeff 3865 Bordeaux Dr Punta Gorda, FL 33950	I	CPA	CHE			75.00
10 / 25 / 16 02	Williams, Jake 2001 Bal Harbor Blvd Punta Gorda, FL 33950	I	Business Mgr	CHE			50.00
10 / 25 / 16 03	Bartlett, Bill PO Box 727 Kingston, NH 03848	I	Real Estate	CHE			100.00
10 / 26 / 16 04	Joffe, Dr. Jeffrey 3518 Dipper Ct Punta Gorda, FL 33950	I	Dentist	CHE			100.00
11 / 02 / 16 05	Amontree, Kim 1117 San Mateo Dr Punta Gorda, FL 33950	I	Real Estate	INK	Musician-FR		150.00
11 / 02 / 16 06	Amontree, Kim 1117 San Mateo Dr Punta Gorda, FL 33950	I	Real Estate	INK	Tables-FR		141.00
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BOB PETERSON

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 16 through 11 / 03 / 16

(4) Page 1 of 2

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
10 / 25 / 16	Punta Gorda Herald 23170 Harborview Rd Port Charlotte, FL 33980	Advertising	MON		3552.00
01					
10 / 26 / 16	Rapid Graphix 10251 Tamiami Trl Punta Gorda, FL 33950	Additional signs	MON		119.84
02					
10 / 27 / 16	iHeart Media 24100 Tiseo Blvd., #10 Port Charlotte, FL 33982	Advertising	MON		900.00
03					
10 / 28 / 16	US Post Office 130 E Marion Ave Punta Gorda, FL 33950	Stamps	MON		188.00
04					
10 / 28 / 16	US Post Office 130 E Marion Ave Punta Gorda, FL 33950	Stamps	MON		188.00
05					
10 / 31 / 16	Tom Hamilton 1750 Jamaica Way Punta Gorda, FL 33950	Reimburse web expenses	MON		200.42
06					
10 / 31 / 16	Tom Hamilton 1750 Jamaica Way Punta Gorda, FL 33950	Reimburse web expenses	MON		110.41
07					
11 / 01 / 16	Staples 3236 Forum Blvd Ft Myers, FL 33905	Office & printer supplies	MON		778.91
08					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BOB PETERSON

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 16 through 11 / 03 / 16

(4) Page 2 of 2

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
11 / 02 / 16	Clif Art & Design 730 Bal Harbor Blvd Punta Gorda, FL 33950	Preparation of newspaper advertising	MON		425.00
09					
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