

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) BOB PETERSON
 Name
 (2) 3606 BONAIRE CT
 Address (number and street)
PUNTA GORDA, FLORIDA 33950
 City, State, Zip Code

OFFICE USE ONLY

00-08-16PG1:53 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: PUNTA GORDA CITY COUNCIL, DISTRICT 4
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 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

(5) Report Identifiers

Cover Period: From 05 / 01 / 16 To 05 / 31 / 16 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 750 . 00

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions
 \$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 750 . 00

(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) 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 05 / 01 / 16 through 05 / 31 / 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 |
|-------------------|--|---|--|-----------------------------|--------------------------------|-------------------|----------------|
| 05 / 19 / 16 1 | PETERSON, BOB 3606 BONAIRE CT PUNTA GORDA, FL 33950 | S | | LOA | | | 750.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BOB PETERSON

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 16 through 05 / 31 / 16

(4) Page 1 of 1

| (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 |
|-------------|--|--|----------------------------|-------------------|----------------|
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