

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

OFFICE USE ONLY

09-03-16A11:05 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 08 / 26 / 16 To 09 / 02 / 16 Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

(8) Other Distributions
 \$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , 21 , 760 . 37

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , 7 , 824 . 12

(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 08 / 26 / 16 through 09 / 02 / 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
/ /							
01							
/ /							
02							
/ /							
03							
/ /							
04							
/ /							
05							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BOB PETERSON

(2) I.D. Number _____

(3) Cover Period 08 / 26 / 16 through 09 / 02 / 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
/ /					
01					
/ /					
02					
/ /					
03					
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04					
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05					
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