

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pete G. Emrich
 Name
5662 Gabo Road
 Address (number and street)
North Port, FL 34287
 City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 28 JUN'22 PM 4:46:38
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: North Port Commission 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 6/1/2022 / _____ To 6/17/2022 / _____ Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , _____ , _____ . _____
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____
 In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 348.00 , _____ , _____ . _____
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ 0 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 2550.00 , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ 533.91 , _____ , _____ . _____

(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) Pete G. Emrich

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

X
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Pete G. Emrich

(2) I.D. Number _____

(3) Cover Period 6/1/2022 / _____ through 6/17/2022 / _____

(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 |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 6/13/22 / / | City of North Port 4970 City Hall Blvd North Port, FL 34286 | Assessment Fee | | | |
| 1 | | | CAN | | 348.00 |
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