

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pat Perno  
 Name  
 (2) 1014 Indiana Ave  
 Address (number and street)  
Lynn Haven, FL 32444  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1295655]

Submitted on:  
 4/14/2023 19:00:40 (eastern)

Check here if address has changed (3) ID Number: 609

(4) Check appropriate box(es):

Candidate Office Sought: Lynn Haven Commissioner Seat 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 4 / 1 / 2023 To 4 / 13 / 2023 Report Type: M4D

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 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**  
 \$      ,   10   ,  418 .  52

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,   3   ,  948 .  65

### (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) \_\_\_\_\_

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 CONTRIBUTIONS

(1) Name Pat Perno (2) I.D. Number 609  
 (3) Cover Period 4/1/2023 through 4/13/2023 (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
4/9/2023 / /	Slonina, Rosemary 1600 Marina Bay Dr Unit 404 Panama City, Fl 32409-1496	I	wife	CH			\$1,000.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Pat Perno

(2) I.D. Number 609

(3) Cover Period 4/1/2023 through 4/13/2023

(4) Page 1 of 0

(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					
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