	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Peter Johnson	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	24 Clinton Ct N	Submitted on:					
	Address (number and street)	7/5/2024 11:53:10 (eastern)					
	Palm Coast, Fl 32137						
City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 656					
(4)	Check appropriate box(es):						
		Political Committee (PC)					
		☐ Check here if PC or ECO has disbanded					
		☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	dentifiers					
Cov	er Period: From 6 / 15 / 2024 To						
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	-	Monetary					
Cas	h & Checks \$ , , _50 . 00	Expenditures \$ , , 0 . 00					
1 001	ns \$ , , 0.00	Transfers to					
Loar	ıs	Office Account \$ , , 0 . 00					
Tota	al Monetary \$ , , 50 . 00	,,,					
1014	il Morietary , , ,	Total Monetary \$ , , 0 . 00					
In-K	ind \$ , , 55 . 97	, , , ,					
HITIN	mu						
		(8) Other Distributions \$ , , 000_					
		,,,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>2</u> , <u>890</u> . <u>00</u>	\$, <u>2</u> , <u>295</u> . <u>34</u>					
	(44) Cod	(ref = 4) = ==					
	(11) Cert It is a first degree misdemeanor for any perso						
Lo	certify that I have examined this report and it is true, corre						
	set thy that thrave examined the report and it is true, sent	i. I					
	ype name)	(Type name)					
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
<u>X</u>		<u>X</u>					
Si	ignature	Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	eter Johnso	n			(	2) I.D. Number _		656		
	6/15/20	24		6/28/	/2024					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
6/19/2024	Clark , Kendall 98 Ulysses Trl Palm Coast, FL 32164		sales	СН	Весеприст		\$50.0
6/27/2024	Kirkland, Krystal 96 Berkshire Ln Palm Coast, FL 32137	I	dental assistant	IK	flyers for ice cream social		\$55.9
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I) Name Peter	AMPAIGN TREASURER'S F	(2	2) I.D. Number		656
3) Cover Period _	6/15/2024 6/ <u>/</u> <u>/</u> through	28/2024	l) Page <u>1</u>		
(5) Date (6) Sequence Number	(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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