

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Peter Michael Johnson  
 Name  
 (2) 24 Clinton Ct N  
 Address (number and street)  
Palm Coast, Fl 32137  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1299937]

Submitted on:  
 10/6/2023 13:53:32 (eastern)

Check here if address has changed (3) ID Number: 656

(4) Check appropriate box(es):

Candidate Office Sought: Palm Coast Mayor

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 7 / 1 / 2023 To 9 / 30 / 2023 Report Type: Q3

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 5 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 5 . 00

In-Kind \$        ,        , 171 . 03

**(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**  
 \$        ,        , 5 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 0 . 00

### (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 Peter Michael Johnson (2) I.D. Number 656  
 7/1/2023 9/30/2023  
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
7/27/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		CA			\$5.00
1							
7/28/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	5 clipboards		\$6.69
2							
8/3/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	125 candidate petition slips		\$12.50
3							
8/14/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	102 candidate petition slips		\$10.20
4							
8/25/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	103 candidate petition slips		\$10.30
5							
8/29/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	93 candidate petition slips		\$9.30
6							
9/5/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	145 candidate petition slips		\$14.50
7							
9/11/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	162 candidate petition slips		\$16.20
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Peter Michael Johnson (2) I.D. Number 656  
 (3) Cover Period 7/1/2023 through 9/30/2023 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/18/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	109 candidate petition slips		\$10.90
9							
8/1/2023 / /	Johnson, Peter Michael 24 Clinton Ct. N Palm Coast, FL 32137	S		IK	2500 business cards		\$80.44
10							
/ /							
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/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Peter Michael Johnson

(2) I.D. Number 656

(3) Cover Period 7/1/2023 through 9/30/2023

(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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