| | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|--|--|--|--|
| (1) | PETE BOHATCH | OFFICE USE ONLY | | | | | |
| | Name | ONLINE SUBMISSION [1220112] | | | | | |
| (2) | 11260 JACANA CT UNIT 2009 | Submitted on: | | | | | |
| | Address (number and street) | 7/25/2020 06:53:12 (eastern) | | | | | |
| | FORT MYERS, FL 33908 City, State, Zip Code | | | | | | |
| | | (2) 1D M | | | | | |
| <i>-</i> 4\ | Check here if address has changed | (3) ID Number:1609 | | | | | |
| (4) Check appropriate box(es): | | | | | | | |
| | | 7 AT LARGE | | | | | |
| | ☐ 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 | dentifiers | | | | | |
| Cove | er Period: From $\frac{7}{2}$ / $\frac{18}{2020}$ To | 7 / 24 / 2020 Report Type: 20P5 | | | | | |
| X O | Original Amendment Spe | ecial Election Report | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | |
| | | Monetary | | | | | |
| Cash | h & Checks \$, , <u>150</u> . <u>00</u> | Expenditures \$, , 0 . 00 | | | | | |
| Loor | ns \$, , 0.00 | Townstern Ac | | | | | |
| Loar | ıs | Transfers to Office Account \$, , 0 . 00 | | | | | |
| Tota | al Monetary \$, , 150 . 00 | ,,, | | | | | |
| 10.0 | , , , | Total Monetary \$, 0.00 | | | | | |
| In-Ki | ind \$, , 0.00 | · · · · · · · · · · · · · · · · · · · | | | | | |
| ••• | | (8) Other Distributions | | | | | |
| | | \$,,000 | | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | |
| (0) | \$, 6 , 230 . 00 | \$, 4 , _69564 | | | | | |
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| | (11) Cert | | | | | | |
| | 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: | | | | | | | |
| _(T | ype name) | (Type name) | | | | | |
| | Individual (only for IE | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | | |
| х | | X | | | | | |
| | ignature | Signature | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | PETE BOHATCH | (2) I.D. Number | | | | | | |
|----------------|-----------------------------------------------|-----------------|-----------------|--------------|-------------|-----------|---------|--|
| | 7/18/2020 | | | /24/2020 | | | | |
| (3) Cover Peri | od / / | thro | ough | <i>I I</i> | (4) Pag | je | of | |
| | | | | , | | T | | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) | |
| Date | Full Name | | | | | | | |
| (6) | (Last, Suffix, First, Middle) | | | | | | | |
| Sequence | Street Address & | | ontributor | Contribution | In-kind | | | |
| Number | City, State, Zip Code | Туре | | Туре | Description | Amendment | Amount | |
| 7/21/2020 | Parikh, Amrish 14250 Royal Harbour Ct. #63 | | retired oral | CH | | | \$150.0 | |
| 1, 1 | Fort Myers, Fl 33908 | | surgeon | | | | | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES | | | | | | |
|-----------------------------------------------------|------------|---------|-----------|------------------------|------|------|
| (1) Name PETE BOHATCH | | | -70 | _ (2) I.D. Number 1609 | | |
| | 7/18/2020 | 7/2 | 4/2020 | | | |
| (3) Cover Period | I <i>I</i> | through | <i>II</i> | (4) Page <u>1</u> | of _ | 0 |
| (5) | C | 7) | (8) | (9) | (10) | (11) |
| Date | Full | Name | Purpose | | | |

| (5) Date | (7) | (8) | (9) | (10) | (11) |
|---------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------|-----------|--------|
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
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