

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Richter  
Name

(2) 14364 NW Hoecake Rd  
Address (number and street)

Bristol, FL 32321  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1124991]

Submitted on:  
9/6/2016 12:27:22 (eastern)

Check here if address has changed

(3) ID Number: 139

(4) Check appropriate box(es):

- Candidate Office Sought: Member, Board of County Commissioners, Dist. 3
- 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 8 / 26 / 2016 To 9 / 2 / 2016 Report Type: G1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 200 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 2 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 2 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 3 , 093 . 93

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 2 , 489 . 84

### (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 Michael Richter (2) I.D. Number 139

8/26/2016 through 9/2/2016

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

(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			
9/1/2016 / / 1	National Insurance Management , 1801 W Hills Ave Tampa , FL 33606	B	insurance	CH			\$200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Michael Richter

(2) I.D. Number 139

(3) Cover Period 8/26/2016 through 9/2/2016

(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					
8/31/2016 //	Ameris Bank, 16763 S Pear St Blountstown, FL 32424	service charge (paper statement fee)	MO		\$2.00
1					
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