CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Kathleen Peters	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1180996]						
(2)	6800 Gulfport Blvd. S. Ste 201-331	Submitted on:						
	Address (number and street)	12/3/2018 17:39:07 (eastern)						
	South Pasadena, FL 33707							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 927						
(4)	Check appropriate box(es):							
		ty Commissioners - Dist. 6 - Single M						
	Political Committee (PC)	Check how if DC on ECO has dishauded						
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ 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	Identifiers						
Cove		3 / 31 / 2018 Report Type: M3						
		ecial Election Report						
		<u> </u>						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$, , 0 . 00	Monetary Expenditures \$, , -321.00						
Loar	ns \$,,000	Transfers to						
		Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , <u>0</u> . <u>00</u>							
		Total Monetary \$, ,321. 00						
In-Ki	nd \$,, <u>0</u> .00							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, <u>198</u> , <u>226</u> . <u>22</u>						
		tification on 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						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Kathleen Peters			(2) I.D. Numbe	er 9	27
	3/1/2018 od / /		3	/31/2018	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
J I					÷		
1 1							
J I							
J I							
I I							
J I							
J I							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Kathleen	Pete	ers				 (2) I.D. Num	ber	9)27	39
	3	/1/20	18		3/31/2	018					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(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
3/28/2018	Peters, Kathleen 12475 5th St E	reimbursement	MO	Delete	\$321.00
1	Saint Petersburg, FL 33706				
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DS-DE 14 (Rev.	4440 1				