CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Dawn Peters	OFFICE USE ONLY							
•	Name	ONLINE SUBMISSION							
(2)	P.O. Box 20252	Submitted on:							
	Address (number and street)	11/8/2021 14:01:21 (eastern)							
	St. Petersburg, FL 33742 City, State, Zip Code								
		(2) ID Number: 1072							
/ 4\	Check here if address has changed	(3) ID Number:1072							
(4)	Check appropriate box(es):	The District of Co. Dr. Towns							
		Member - District 3 - 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	Identifiers							
Cove	er Period: From 10 / 1 / 2021 To	10 / 31 / 2021 Report Type: M10							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	h & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$, , 4 . 30							
Lagr	s \$, , 0.00	To see Same Ass							
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$, , 0 . 00							
Tota	I Monetary \$, , 100 . 00	,,,							
10.0	,,,,,	Total Monetary \$, 4 . 30							
In-Ki	ind \$, , 0.00	· · · · · · · · · · · · · · · · · · ·							
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(-)	\$, , , 100 . 00	\$, , 4. 30							
		· / /							
	(11) Cert It is a first degree misdemeanor for any pers								
I certify that I have examined this report and it is true, correct, and complete:									
	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	Dawn Peters				2) I.D. Numbe	er1	072
	10/1/2021		1	0/31/2021			
(3) Cover Peri	od//	thro	ough	<i>I I</i>	(4) Pag	je	of
				Y .		T :	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		# CONTROL CONT
Number	City, State, Zip Code Nowicki , Vincent	Type I	Occupation	Type CH	Description	Amendment	Amount \$100.0
10/21/2021	215 Central Avenue			Cn			\$100.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	awn	Peters	3							 (2) I.D. Nun	nber	-	1072	300
		10/1	/20	21			10/31	/2023	L		-			
(3) Cover Pe	eriod	1		1	throu	ıqh	1	1		(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
10/25/2021	Anedot , 1340 Poydras Street, Suite 1770 New Orleans, LA 701120000	credit card processing	MO		\$4.30
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