

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **PETER BACHELER**

Name \_\_\_\_\_

(2) **89240 OVERSEAS HWY, UNIT 12**

Address (number and street) \_\_\_\_\_

TAVERNIER, FL 33070

City, State, Zip Code \_\_\_\_\_

Check here if address has changed

OFFICE USE ONLY

2022-11-04 A09:25

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

Political Committee (PC) \_\_\_\_\_

Electioneering Communications Org. (ECO) \_\_\_\_\_

Party Executive Committee (PTY) \_\_\_\_\_

Independent Expenditure (IE) (also covers an individual making electioneering communications) \_\_\_\_\_

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(3) ID Number: \_\_\_\_\_

### (5) Report Identifiers

Cover Period: From 10 / 22 / 22 To 11 / 3 / 22 Report Type: G3

Original

Amendment

Special Election Report

**(6) Contributions This Report**

Cash & Checks \$       ,      ,      800 . 00

Loans \$       ,      ,      0 .    

Total Monetary \$       ,      ,      800 . 00

In-Kind \$       ,      ,      0 .    

**(7) Expenditures This Report**

Monetary Expenditures \$       ,      ,      0 .    

Transfers to Office Account \$       ,      ,      0 .    

Total Monetary \$       ,      ,      0 .    

**(8) Other Distributions**

\$       ,      ,      0 .    

**(9) TOTAL Monetary Contributions To Date**

\$       ,      ,      6 , 900 . 01

**(10) TOTAL Monetary Expenditures To Date**

\$       ,      ,      1 , 985 . 15

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (es. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) **THOMAS R McDONALD**

Individual (only for IE)  Treasurer  Deputy Treasurer  
or electioneering comm.)

x Thomas R McDonald

Signature

(Type name) **PETER BACHELER**

Candidate  Chairperson (only for PC and PTY)

x P. Bacher

Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name PETER BACHELER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 22 / 22 through 11 / 9 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation				
11 3 22 / /	WAHOO'S PF ISLAMORADA PO BOX 1109 ISLAMORADA, FL 33036	B	RESTAURANT	MON			300.00
11 3 22 / /	ROBBIE'S MARINE ENT., INC PO BOK 86 ISLAMORADA, FL 33036	B	MARINA	MON			500.00
/ /							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name PETER BACHELER

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 22 / 22 through 11 / 3 / 22

(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
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