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

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate   Office Sought: **ISLAMORADA VILLAGE COUNCIL, SEAT 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   ☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)

(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		(7) Expenditures This Report	
Cash & Checks	$ __, __, 400.02	Monetary Expenditures	$ __, __, __.__
Loans	$ __, __.__.__	Transfers to Office Account	$ __, __, __.__
Total Monetary	$ __, __, 400.02	Total Monetary	$ __, __, __.__
In-Kind	$ __, __, __.__		

(8) Other Distributions
$ ____, ____, ____.____

(9) **TOTAL Monetary Contributions To Date**
$ ____, 5, 800.03

(10) **TOTAL Monetary Expenditures To Date**
$ ____, 2, 148.52

(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) **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 _PJBacheler_
Signature

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT — ITEMIZED CONTRIBUTIONS

(1) Name PETER BACHELER

(2) I.D. Number _____

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

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type / Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10 / 31 / 22 1	NATIVE CONSTRUCTION 100 WRENN STREET TAVERNIER	B CONSTRUCTION	MON		ADD	400.00
10 / 31 / 22 2	SOUTH STATE BANK 91390 OVERSEAS HWY TAVERNIER, FL 33070	B BANK	INT		ADD	.02
/ /						
/ /						
/ /						
/ /						

DS–DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(3) ID Number: _____

(4) Check appropriate box(es): Office Sought: **ISLAMORADA VILLAGE COUNCIL, SEAT 3**
☑ Candidate
☐ 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

(5) Report Identifiers

Cover Period: From 10 / 8 / 22 To 10 / 21 / 22   Report Type: **G2**

☐ Original   ☑ Amendment   ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , -1 , 500 . 00
Total Monetary	$ ___ , -1 , 500 . 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 163 . 37
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ . 163 . 37

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 4 , 600 . 01

(10) TOTAL Monetary Expenditures To Date

$ ___ , 2 , 148 . 52

(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) **Thomas R McDonald**
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

x _Thomas R McDonald_
Signature

(Type name) **Peter Bacheler**
☑ Candidate   ☐ Chairperson (only for PC and PTY)

x _PBacheler_
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PETER BACHELER

(2) I.D. Number _____

(3) Cover Period 10 / 8 / 22 through 10 / 21 / 22

(4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10 / 16 / 22 4	BACHELER, PETER 89240 OVERSEAS HWY, UNIT 12 TAVERNIER, FL 33070	S		LOA		DEL	-1500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES