

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Peduzzi, Joseph A
 Name
 (2) 1920 Palm Beach Lakes Blvd., Suite 104
 Address (number and street)
West Palm Beach, FL 33409
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: West Palm Beach City Commission, District 4
 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 05 / 01 / 18 To 05 / 31 / 18 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 3 , 000 . 00
 Loans \$, , .
 Total Monetary \$, , 3 , 000 . 00
 In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 3 . 00
 Transfers to Office Account \$, , .
 Total Monetary \$, , 3 . 00

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 16 775 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 30 . 10

(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 Peduzzi, Joseph A. (2) I.D. Number _____

(3) Cover Period 05 / 01 / 18 through 05 / 31 / 18 (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	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
05 / 31 / 18 1	Columna, Inc., 1818 S. Australian Avenue, Suite 108, West Palm Beach, FL 33409	B	Physician	CHE			\$1,000.00
05 / 31 / 18 2	Florida Spine & Ortho, 1936 Lee Road, Winter Park, FL 32789	B	Physician	CHE			\$1,000.00
05 / 31 / 18	Florida Institute of Rehab and Sports Training, Inc., dba First Rehab, 1920 Palm Beach Lakes Blvd., Suite 110, West Palm Beach, FL 33409	B	Phys. Therap	CHE			\$1,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Peduzzi, Joseph A

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 18 through 05 / 31 / 18

(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
05 / 10 / 18	Seacoast Bank, P.O. Box 9012 Stuart, FL 34995	Bank Charge - Maintenance Fee	MON		\$3.00
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