

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Pete Theisen
Name

(2) 2155 Wood St B4
Address (number and street)

Sarasota FL 34237
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Sarasota City Commissioner at Large

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 1/14/9 To 1/30/9 Report Type F1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 20

Loans \$ 80.36

Total Monetary \$ 100.36

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 70.36

Transfers to Office Account \$ _____

Total Monetary \$ 70.36

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 100.36

(10) TOTAL Monetary Expenditures To Date

\$ 70.36

(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) MADELYN NELSON

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Madelyn Nelson
Signature

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

(Type name) Pete Theisen

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Pete Theisen
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Pete Theisen (2) I.D. Number _____

(3) Cover Period 1 / 14 / 9 through 1 / 30 / 9 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
1, 14, 9	Pete Theisen 2155 Wood St B4 Sarasota FL 34237	I		LOA			\$ 2.50
1							
1, 15, 9	Pete Theisen 2155 Wood St B4 Sarasota FL 34237	I		LOA			\$.70
2							
1, 15, 9	Pete Theisen 2155 Wood St B4 Sarasota FL 34237	I		LOA			\$ 10
3							
1, 19, 9	Pete Theisen 2155 Wood St B4 Sarasota FL 34237	I		LOA			\$ 10.19
4							
1, 20, 9	Pete Theisen 2155 Wood St B4 Sarasota FL 34237	I		LOA			\$ 56.97
5							
1, 21, 9	Dr Stan Sankert 11309 Louisa May Way Riverview FL 33569	I		CAS			\$ 20.00
6							
1							
1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Pete Theisen

(2) I.D. Number _____

(3) Cover Period 1 / 14 / 9 through 1 / 30 / 9

(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
(6) Sequence Number					
1/14/9	Kathy Dent Supervisor of Elections 101 S. Washington Blvd Sarasota FL 34236	Check Signatures	MON		\$ 2.50
1					
1/15/9	Kathy Dent Supervisor of Elections 101 S. Washington Blvd Sarasota FL 34236	Check Signatures	MON		\$.70
2					
1/19/9	Godaddy.com 14455 N. Hayden Blvd Suite 219 Scottsdale AZ 85260	Register Domain Name	MON		\$ 10.19
3					
1/20/9	Glowhost.com P.O. Box 6361 Stuart FL 34997	website Hosting	MON		\$ 56.97
4					
1/1					
1/1					
1/1					
1/1					