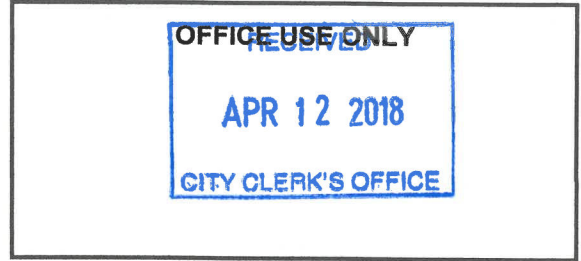


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Peter S. Tingom  
 Name  
 (2) 440 West Tropical Way  
 Address (number and street)  
Plantation, Florida 33317  
 City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Plantation City Council, Group 2
- 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 04/01/2018 To 04/12/2018 Report Type: TR

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 478 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 500 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ 500 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (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) Jeannie H. Tingom  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

(Type name) Peter S. Tingom  
 Candidate  Chairperson (only for PC and PTY)

X   
 Signature

X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Peter S. Tingom

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

(3) Cover Period 04/01/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 04/12/2018 / \_\_\_\_\_ / \_\_\_\_\_

(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					
04/06/2018 / / 001	Hispanic Vote P.O. Box 550943 Fort Lauderdale, FL 33355	Ticket to event	CAS		\$75.00
01/11/2018 / / 002	Peter S. Tingom 440 West Tropical Way Plantation, FL 33317	Refund of loan	CAS		\$403.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Peter S. Tingom  
 Name  
 (2) 440 West Tropical Way  
 Address (number and street)  
Plantation, Florida 33317  
 City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Plantation City Council, Group 2  
 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 03/01/2018/ To 03/31/2018/ Report Type: 2018M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ 22.00 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 500.00 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ 22.00 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

X   
 Signature

(Type name) Peter S. Tingom  
 Candidate  Chairperson (only for PC and PTY)

X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Peter S. Tingom

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

(3) Cover Period 03/01/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 03/31/2018 / \_\_\_\_\_ / \_\_\_\_\_

(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					
03/01/2018 / 01	Bank of America 7001 West Broward Boulevard Plantation, Florida 33317	Purchase of checks	CAN		\$22.00
///					
///					
///					
///					
///					
///					
///					
///					



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Peter S. Tingom

Name

(2) 440 West Tropical Way

Address (number and street)

Plantation, Florida 33317

City, State, Zip Code

Check here if address has changed

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

(4) Check appropriate box(es):

Candidate Office Sought: Plantation City Council, Group 2

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

OFFICE USE ONLY

RECEIVED

MAR 12 2018

CITY CLERK'S OFFICE

### (5) Report Identifiers

Cover Period: From 02/01/2018/ To 02/28/2018/ Report Type: 2018M:

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ 500,00 , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 500.00 , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (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) Jeannie H. Tingom

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

X   
Signature

(Type name) Peter S. Tingom

Candidate  Chairperson (only for PC and PTY)

X   
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Peter S. Tingom (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/01/2018 / \_\_\_\_ / \_\_\_\_ through 02/28/2018 / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 1 of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
02/02/2018 / / 01	Peter S. Tingom 440 West Tropical Way Plantation, Florida 33317		Councilman	LO			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED FEB 02 2018 CITY CLERK'S OFFICE

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code)

PETER STUART TINGOM 440 WEST TROPICAL WAY PLANTATION, FL 33317

4. Telephone 5. E-mail address 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a Write-In No Party Affiliation Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer JEANNIE H. TINGOM

11. Mailing Address 12. Telephone 440 WEST TROPICAL WAY

13. City 14. County 15. State 16. Zip Code 17. E-mail address PLANTATION BROWARD FL 33317 ptingom@hotmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank 20. Address BANK OF AMERICA 7001 WEST BROWARD BLVD.

21. City 22. County 23. State 24. Zip Code PLANTATION BROWARD FL 33317

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date 26. Signature of Candidate FEBRUARY 2, 2018

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, JEANNIE H. TINGOM, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer. 2-2-2018 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, PETER S. TINGOM,

candidate for the office of PLANTATION CITY COUNCIL GROUP 2;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Peter S. Tingom  
Signature of Candidate

2-2-2018

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).