CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Patricia Fousek	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1298770]						
(2) <u>1344 Stratford Ave</u>	Submitted on:						
Address (number and street) Panama City, FL 32404	7/17/2023 22:54:37 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 630						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>Parker Mayor</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>4</u> / <u>14</u> / <u>2023</u> To	0 7 / 17 / 2023 Report Type: <u>MTR</u>						
🖾 Original 🗌 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , , 0 . 00						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>5</u> _, <u>530</u> · <u>00</u>	\$, <u>5</u> , <u>530</u> . <u>00</u>						
(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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name				(2) I.D. Number630				
	4/14/2023			7/17/2023					
(3) Cover Peri	od / /	thro	bugh	11	(4) Pag	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
	310-0			0.016	S 64				
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1 1									
1 1									
1 1									
	_								
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	_								
1 1									
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1 1	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Patr	CAMPAIGN TREASURER') EXPENDIT 2) I.D. Number	630	
(3) Cover Period	4/14/2023 I/ through_	7/17/2023	4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
7/17/2023	Bay County Council on Aging, 1116 Frankford Avenue Panama City, FL 32401	donation of final campaign funds.	DI		\$286.37
_/ /					
_/ /					
11					
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11					
11					
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