

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pam LaSalle  
 Name  
 (2) PO Box 410335  
 Address (number and street)  
Melbourne, FL 32941  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1143671]  
 Submitted on:  
 8/4/2017 16:42:50 (eastern)

Check here if address has changed

(3) ID Number: 692

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, 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 7 / 1 / 2017 To 9 / 29 / 2017 Report Type: TRM6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        , 6 , 000 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 6 , 000 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 6 , 000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 6 , 000 . 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) \_\_\_\_\_  
 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 Pam LaSalle (2) I.D. Number 692

(3) Cover Period 7/1/2017 through 9/29/2017 (4) Page 1 of 0

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Pam LaSalle

(2) I.D. Number 692

(3) Cover Period 7/1/2017 through 9/29/2017

(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					
7/17/2017 / /	Salvation Army, 919 Peachtree St Cocoa, FL 32922	donation to charity	MO		\$1,000.00
1					
7/17/2017 / /	LaSalle, Pamela A P O Box 410335 Melbourne, FL 32941	loan repayment	MO		\$5,000.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					