

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pamela Jean Marshall  
 Name  
 (2) P.O. Box 839  
 Address (number and street)  
Carrabelle, FL 32322  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1267210]

Submitted on:  
 7/5/2022 15:10:00 (eastern)

Check here if address has changed (3) ID Number: 216

(4) Check appropriate box(es):

Candidate Office Sought: School Board Member Dist. 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 7 / 2 / 2022 To 9 / 14 / 2022 Report Type: TR

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 \$        ,        , 98 . 30

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 98 . 30

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        ,        , 100 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 100 . 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 Pamela Jean Marshall (2) I.D. Number 216

7/2/2022 9/14/2022

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Pamela Jean Marshall

(2) I.D. Number 216

(3) Cover Period 7/2/2022 through 9/14/2022

(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					
7/5/2022 / /	Marshall, Pamela J 1989 Riverbend Plantat Carrabelle, Fl 32322	reimbursement for loan	MO		\$98.30
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