CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Patricia Pearce	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION [1153043]								
(2)	25731 E State Rd 78	Submitted on:								
	Address (number and street)	4/10/2018 21:39:34 (eastern)								
	Okeechobee, Fl 34974									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:5								
(4) Check appropriate box(es):										
	☐ Candidate Office Sought: School Board	District 5								
	☐ 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	Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
(5) Report Identifiers										
Cove	er Period: From 3 / 1 / 2018 To	3 / 31 / 2018 Report Type: M3								
<mark>⊠</mark> o		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(0)	Contributions This Report									
Cock	n & Checks \$, , 0 . 00	Monetary Expenditures \$, , 56 . 60								
Casi	1 & Checks									
Loar	ns \$, , 0.00	Transfers to								
		Office Account \$, , 0 . 00								
Tota	I Monetary \$, , 0 . 00									
		Total Monetary \$, , 56 . 60								
In-Ki	nd \$, , 0 . 00									
		(8) Other Distributions								
		\$								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
` '	\$,5_, 100 . 00	\$,3_, 750 50								
	(11) Cert									
	It is a first degree misdemeanor for any pers	. , ,								
I certify that I have examined this report and it is true, correct, and complete:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		×								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Patricia Pearce				2) I.D. Numbe	r5	3
	3/1/2018		3	/31/2018			
(3) Cover Perio	od / /	thro	ough	1 1	(4) Page	e <u>1</u>	of
-				r			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_		_			
Sequence	Street Address &		ontributor	Contribution	In-kind	Amandaant	A
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Patricia	Pear	cce				 (2) I.D. Nun	nber	5	;	
	3,	/1/20	18		3/31/20	18					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/24/2018	Muse Community Association, 1234 Muse, FL 33935	booth	MO		\$50.00
3/8/2018	Supervisor of Elections, 500 Avenue J, 1st Floor Moore Haven, FL 33471	filing of petitions fee	МО		\$6.60
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