

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pam Everett  
 Name  
 (2) 16430 Seminole Blvd.  
 Address (number and street)  
Brooksville, Fl 34601  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1280762]  
 Submitted on:  
 9/13/2022 12:22:53 (eastern)

Check here if address has changed (3) ID Number: 513

(4) Check appropriate box(es):  
 Candidate Office Sought: School Board, Dist 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 11 / 1 / 2021 To 11 / 30 / 2021 Report Type: M11  
 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 \$        ,        , 9 . 55  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 9 . 55

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 4 , 970 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 3 , 844 . 27

### (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 Everett (2) I.D. Number 513

(3) Cover Period 11/1/2021 through 11/30/2021 (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 Pam Everett

(2) I.D. Number 513

(3) Cover Period 11/1/2021 through 11/30/2021

(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					
11/1/2021 //	Brannon, Bank 320 USA Hwy 41 South Inverness, FL 34451	bank fee	MO	Add	\$9.55
1					
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