	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Pam Long Bimberg	OFFICE USE ONLY			
	Name	ONLINE SUBMISSION [1215093]			
(2)	3333 Grey Oak Way	Submitted on:			
	Address (number and street)	7/3/2020 20:50:23 (eastern)			
	Marianna, FL 32446  City, State, Zip Code				
	_	(2) ID Maria hari			
* 41	Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es):				
	<ul><li>☑ Candidate Office Sought: School Board</li><li>☑ Political Committee (PC)</li></ul>	Member District 3			
	☐ 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	dentifiers			
Cove	er Period: From $\underline{6}$ / $\underline{13}$ / $\underline{2020}$ To	6 / 26 / 2020 Report Type: P2			
X O	Priginal Amendment Spe	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
		Monetary			
Cash & Checks \$,,,000		Expenditures \$ , , 0 . 00			
Lagr	s \$ , , 0.00	To a section Ass			
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$ , , 0 . 00			
Tota	Il Monetary \$ , , 0 . 00	,,,			
10	, , , , ,	Total Monetary \$ , 0 . 00			
In-Ki	ind \$ , , 883 . 75	,,,			
		(8) Other Distributions			
		\$,, <u>0</u> . <u>00</u>			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
(-,	\$, 1 , 500 . 00	\$ , 1 , 1212 44			
	· , ,	· / /			
	(11) Cert				
	It is a first degree misdemeanor for any personal state of the state o	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
Ιc	certify that I have examined this report and it is true, com	ect, and complete:			
	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	Pam Long Bimberg			(2) I.D. Numb	er	31
	6/13/2020 od///		6/26/2020	(4) Pag	ge <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation		In-kind Description	Amendment	Amount
6/19/2020 /	Bimberg, Pam Long 3333 Grey Oak Way Marianna, FL 32446	S consulta	ant IK	signs, magnets, supplies and ads		\$883.7
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1 1						
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1 1						
1 1						

) Cover Period _	6/13/2020 6/ <u>/</u> <u>/</u> through	26/2020 _//(4	4) Page <u>1</u>	of	0
(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)	(11)
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