

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) PAM LARIVIERE
 Name
 (2) 5048 BRISTO ST, LEHIGH ACRES, FL 33971
 Address (number and street)

 City, State, Zip Code

(3) ID Number: 777

Check here if address has changed

(4) Check appropriate box(es):

- Candidate Office Sought: SCHOOL BOARD-5
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7/5/2014 / / To 7/18/2014 / / Report Type: P3

Original x 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	\$	_____ , _____ , _____	0.00
Transfers to Office Account	\$	_____ , _____ , _____	0.00
Total Monetary	\$	_____ , _____ , _____	0.00

(8) Other Distributions 0.00
 \$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 5,685.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 3,673.53

(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:

<p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____ Signature</p>	<p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p>X _____ Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PAM LARIVIERE (2) I.D. Number 777

(3) Cover Period 7/5/2014 / / through 7/18/2014 / / (4) Page 1 of 1

(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
7/7/2014 / /	CARVER, GRACE 716 Shadyside St Lehigh Acres, FL 33936	I	teacher	CAS		Add	\$0.00
1							
7/7/2014 / /	COMPTON, NINA 3450 Ortiz Ave FORT MYERS , FL 33905	I	retired	CAS		Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name PAM LARIVIERE

(2) I.D. Number 777

(3) Cover Period 7/5/2014 through 7/18/2014

(4) Page 1 of 0

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