

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pam Hightower
 Name
 (2) PO Box 14495
 Address (number and street)
Tallahassee, FL 32317
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1236524]

Submitted on:
 10/27/2020 14:34:48 (eastern)

Check here if address has changed

(3) ID Number: 602

(4) Check appropriate box(es):

- Candidate Office Sought: Leon County Superintendent of Schools
- 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 10 / 3 / 2020 To 10 / 16 / 2020 Report Type: 20G5

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 66 , 513 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 54 , 475 . 40

(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 Hightower (2) I.D. Number 602
 10/3/2020 through 10/16/2020
 (3) Cover Period / / through / / (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
(6) Sequence Number						
10/8/2020 / /	For Students & Families, Inc., Creative Initiatives PO Box 1212 Quincy, FL 32353	B manager - tyrone smith	CH		Delete	\$150.00
1						
10/8/2020 / /	For Students & Families, Inc., Creative Initiatives PO Box 1212 Quincy, FL 32353	B delinquenc y prevention	CH		Add	\$150.00
2						
10/3/2020 / /	Home, Tillman Funeral 620 East York Street Monticello, FL 32344	B director - al hall	CH		Delete	\$200.00
3						
10/3/2020 / /	Home, Tillman Funeral 620 East York Street Monticello, FL 32344	B funeral home	CH		Add	\$200.00
4						
/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Pam Hightower

(2) I.D. Number 602

(3) Cover Period 10/3/2020 through 10/16/2020

(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					
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