	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Pam Hightower	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	PO Box 14495	Submitted on:							
	Address (number and street)	7/30/2020 19:43:08 (eastern)							
	Tallahassee, FL 32317  City, State, Zip Code	<u> </u>							
	☐ Check here if address has changed	(3) ID Number: 602							
(4)		(3) ID Number							
(4)	Check appropriate box(es):  X Candidate Office Sought: Leon County St	intendent of Cohoole							
	<ul><li>X Candidate Office Sought: Leon County St</li><li>☐ Political Committee (PC)</li></ul>	uperintendent of Schools							
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded							
	,	☐ 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							
		dentifiers							
Cove	ter Period: From $\frac{7}{2}$ / $\frac{18}{2020}$ To	7 / 24 / 2020 Report Type:20P5							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	,	Monetary							
Cash	h & Checks \$ , , 0 . 00	Expenditures \$ , , _28 . 00							
Look	ns \$,,000	Transfers to							
Loar	ıs	Office Account \$ , , 0 . 00							
Tota	al Monetary \$ , , 0 . 00	,,,							
1014	, , ,	Total Monetary \$ , , 28 . 00							
In-Ki	ind \$ , , 0.00	,, ,, ,							
		(8) Other Distributions							
	1	\$,,,000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(3)	\$, 17, 675. 00	\$ , 9, 385. 76							
	, 17, 575	,,,,							
	(11) Certification								
	It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
Ιc	I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
	ignature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Pam Hightower				2) I.D. Numbe	er <u>6</u>	02
	7/18/2020		7	/24/2020		1	0
(3) Cover Perio	od//	thro	ough	11_	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
J I							
, ,							
j j							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name P	am Hig	ghtower	<u>-</u>				(2)	I.D. Nur	nber	(	502	200
		7/18/2	020		7/24/2	020						
(3) Cover Pe	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
7/23/2020	Com, Wix. P.O. Box 40190 San Francisco, CA 94101	website domain	MO		\$28.00
1	Sali Flancisco, CA 94101				
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