

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pam Gould
 Name
 (2) 2931 Sunbitten Ct.
 Address (number and street)
Windermere, FL 34786
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1303181]

Submitted on:
 2/2/2024 14:20:27 (eastern)

Check here if address has changed (3) ID Number: 1166

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner District 1

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 10 / 1 / 2023 To 12 / 31 / 2023 Report Type: Q4

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 \$, , -131 . 50

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -131 . 50

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

(9) TOTAL Monetary Contributions To Date
 \$, 78 , 580 . 37

(10) TOTAL Monetary Expenditures To Date
 \$, 24 , 641 . 21

(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 Gould (2) I.D. Number 1166

10/1/2023 through 12/31/2023

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (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 Gould

(2) I.D. Number 1166

(3) Cover Period 10/1/2023 through 12/31/2023

(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					
10/2/2023 / /	Minuteman Press, 7751 Kingspointe Pkwy Ste 117 Orlando, FL 32819	palm cards	MO	Delete	\$131.50
1					
10/2/2023 / /	Minuteman Press, 7751 Kingspointe Pkwy Ste 117 Orlando, FL 32819	palm cards - error / duplicative expense	MO	Add	\$0.00
2					
/ /					
/ /					
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