

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Bronson
 Name

(2) PO Box 701051
 Address (number and street)
St. Cloud, FL 34770
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1333265]

Submitted on:
 10/9/2024 12:03:34 (eastern)

Check here if address has changed (3) ID Number: 632

(4) Check appropriate box(es):

Candidate Office Sought: School Board District 5

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 9 / 21 / 2024 To 10 / 4 / 2024 Report Type: G4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, 2 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 40 . 30

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 40 . 30

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

(9) TOTAL Monetary Contributions To Date
 \$, 20 , 300 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 15 , 075 . 58

(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 Paula Bronson (2) I.D. Number 632

9/21/2024 through 10/4/2024

(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
9/30/2024 / /	Bronson, David 6843 Goldflower Avenue Harmony, FL 34773	I	self employed	CH			\$1,000.00
1							
10/3/2024 / /	Spencer , Jody P.O. Box 622617 Oviedo , FL 32762	I	self employed	CH			\$1,000.00
2							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Paula Bronson

(2) I.D. Number 632

(3) Cover Period 9/21/2024 through 10/4/2024

(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					
10/3/2024 //	, Anedot 1340 Poydras Street New Orleans , LA 70112	user fee	MO		\$40.30
1					
//					
//					
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