

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pamela Elisofon
 Name
 (2) 11612 SW Apple Blossom Trail
 Address (number and street)
Port St Lucie, FL 34987
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1129161]
 Submitted on:
 10/6/2016 12:41:53 (eastern)

Check here if address has changed

(3) ID Number: 314

(4) Check appropriate box(es):

- Candidate Office Sought: Tradition District 5, Seat 2
- 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 9 / 17 / 2016 To 9 / 30 / 2016 Report Type: G3

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 \$, , 483 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 483 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 700 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 355 . 91

(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 Pamela Elisofon (2) I.D. Number 314

9/17/2016 through 9/30/2016

(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 Pamela Elisofon

(2) I.D. Number 314

(3) Cover Period 9/17/2016 through 9/30/2016

(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					
9/20/2016 / /	Hadassah, c/o Sue Ann Goldman 11799 Mountain Ash Circle Port St. Lucie, Fl 34987	for 2 ads in hadassah bulletins - 1/2 pages each	MO		\$25.00
1					
9/23/2016 / /	Cactus Design & Art, 10288 S W Yellowwood Avenue Port St. Lucie, Fl 34987	balance for graphic art for rack cards and 1/2 page ad for vitalia voice	MO		\$458.00
2					
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