

## 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**  
 [1123991]

Submitted on:  
 8/26/2016 18:33:22 (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 8 / 13 / 2016 To 8 / 25 / 2016 Report Type: P7

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 \$        ,        , 425 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 425 . 00

**(8) Other Distributions**

\$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$        ,        , 700 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$        ,        , 492 . 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

(3) Cover Period 8/13/2016 through 8/25/2016 (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 8/13/2016 through 8/25/2016

(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					
8/17/2016 / /	Schuster, Ned 1482 N. Lawnwood Cir, #32A Fort Pierce, fl 34950	email flyer, design and weekly mailing; campaign photo	MO		\$175.00
1					
8/19/2016 / /	Estrella, Susan Cactus Design & Art 10288 SW Yellowwood Avenue Port Saint Lucie , Fl 34987	down payment for graphic design of rack cards for campaign	MO		\$250.00
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