

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Pam Feagle  
 Name  
 (2) 405 Bishop Blvd  
 Address (number and street)  
Perry, FL 32347  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1288874]

Submitted on:  
 11/23/2022 13:39:28 (eastern)

Check here if address has changed

(3) ID Number: 208

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission - District 4
- 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 6 / 1 / 2022 To 6 / 17 / 2022 Report Type: P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 3 . 80

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 4 , 515 . 32

### (10) TOTAL Monetary Expenditures To Date

\$        , 4 , 152 . 93

### (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 EXPENDITURES

(1) Name Pam Feagle

(2) I.D. Number 208

(3) Cover Period 6/1/2022 through 6/17/2022

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 6/14/2022<br>//           | Supervisor of Elections,<br>433 US 19 N<br>Perry, FL 32348                                     | petition<br>verification   | MO                         | Add               | \$0.00         |
| 1                         |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
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