

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Patricia Lynn Gothard

Name

(2) P.O. Box 318

Address (number and street)

Wausau, FL 32463

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 12

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commissioner District 5

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY
ONLINE SUBMISSION
[1113668]

Submitted on:

7/21/2016 15:44:49 (eastern)

(5) Report Identifiers

Cover Period: From 5 / 1 / 2016 To 5 / 31 / 2016 Report Type: 2016M

☐ 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 \$, , -120 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -120 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 800 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 612 . 73

(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 Patricia Lynn Gothard (2) I.D. Number 12
5/1/2016 5/31/2016
 (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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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Patricia Lynn Gothard

(2) I.D. Number 12

(3) Cover Period 5/1/2016 through 5/31/2016

(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
5/16/2016 / /	Wausau Volunteer Fire Dept, 1607 Second Avenue Wausau, FL 32463	possum day program ad	MO	Delete	\$120.00
1					
5/16/2016 / /	Wausau Volunteer Fire Dept, 1607 Second Avenue Wausau, FL 32463	possum day program ad cl returned	MO	Add	\$0.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					