CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Patricia Lynn Gothard	OFFICE USE ONLY						
· .	Name	ONLINE SUBMISSION						
(2)	P.O. Box 318	Submitted on:						
	Address (number and street)	4/3/2020 14:04:02 (eastern)						
	Wausau, FL 32463							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:57						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: County Commis	sioner District 5						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	t Identifiers						
Cove	., .							
<u> </u>	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	-	Monetary						
Casl	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 0 . 00						
¥	e 0.00	<u></u>						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tato	\$ 0.00	Office Account \$, , , 0 . 00						
10เล	al Monetary \$, , 0 . 00	Total Monetary \$. 0 . 00						
اب الا	• ¢ 833 85	Total Monetary \$, , , 0 . 00						
In-Ki	find \$,, <u>833</u> . <u>85</u>	(a) Other Blatchhadana						
		(8) Other Distributions \$, , 0.00						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, , <u>8</u> . <u>10</u>						
	N Z	tification						
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:								
_(T	Type name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Patricia Lynn	Gothard			(2) I.D. Number		57	
	3/1/2020			3/31/2020				
(3) Cover Perio	od /	/ tl	hrouah	1 1	(4) Page	1	of ¹	L

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	5.00	Occupation	Contribution Type	In-kind Description	Amendment	Amount
3/18/2020	Howell, Sharon 3773 Hwy 77 Chipley, FL 32428	I	retired	IK	300 sport flyer frisbee giveaways		\$308.2
3/12/2020	Gothard, Patricia PO Box 318 Wausau, FL 32463	S		IK	petition verificati on		\$7.6
3/13/2020	Gothard, Patricia PO Box 318 Wausau, FL 32463	S		IK	petition verificati on		\$0.7
3/15/2020 / /	J&S Services, 3773 Hwy 77 Chipley, FL 32428	В	design services	IK	10 sets of magnetic signs		\$350.
3/18/2020 / /	Gothard, Patricia PO Box 318 Wausau, FL 32463	S	retired	IK	campaign shirts		\$167.3
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1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Patricia Lynn Gothard (2) I.D. Number								
		/31/2020						
(3) Cover Period		<u></u>	4) Page <u>1</u>	0	0			
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)			
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	(add office sought if contribution to a	Expenditure					
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount			
11								
				5				
//								
11								
11								
, ,								
//								
11								