

CITY OF FORT LAUDERDALE CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY
2023 FEB -6 PM 4:50
CITY CLERK'S OFFICE

(1) Pamela Beasley-Pittman
Name
(2) 500 NW 19th Ave
Address (number and street)
Fort Lauderdale, FL 33311
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: City of Fort Lauderdale Commission District 3
- 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

(5) Report Identifiers

Cover Period: From 11 / 04 / 2022 To 02 / 06 / 2023 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 7 , 916 . 27

Transfers to Office Account \$ _____ , 10 , 000 . 00

Total Monetary \$ _____ , 17 , 916 . 27

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 79 , 892 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 79 , 892 . 00

(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

[Signature]

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____

(4) Page _____ of _____

(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					
11/18/22	Nana's Restaurant	Donation	Elec.		522.50
1					
11/18/22	Nana's Restaurant	Donation	chec.		1,000.00
2					
1/24/23	Florida Sheriff's Youth Ranches	Donation	chec.		500.00
3					
1/20/23	NFCr Womens Foundation	Donation	Elec.		515.00
4					
1/24/23	Prophecy child care	Donation	check		1,000
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Pamela Beasley-Pittman

(2) I.D. Number _____

(3) Cover Period 11, 04, 22 through 02, 06, 23

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
01/09/23	TD Bank	F	Campaign		10,000
01/09/23	Wells Fargo	TO	Office Account		10,000
/ /					
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