

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paula Bronson  
 Name

(2) PO Box 701051  
 Address (number and street)  
St. Cloud, FL 34770  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1320109]

Submitted on:  
 7/26/2024 17:57:01 (eastern)

Check here if address has changed (3) ID Number: 632

(4) Check appropriate box(es):

Candidate Office Sought: School Board District 5

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 7 / 13 / 2024 To 7 / 19 / 2024 Report Type: P4

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 \$        , 3 , 534 . 23

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 3 , 534 . 23

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 17 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 15 , 026 . 98

### (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 Paula Bronson (2) I.D. Number 632

7/13/2024 through 7/19/2024

(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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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Paula Bronson

(2) I.D. Number 632

(3) Cover Period 7/13/2024 through 7/19/2024

(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					
7/19/2024 / /	Printing, Creative 1115 Pennsylvania Ave St. Cloud , FL 34769	campaign materials	MO		\$3,743.23
1					
7/16/2024 / /	Contact, Constant 5001 Celebration Pointe Avenue Gainesville, FL 32608	refund	RE		\$-209.00
2					
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