CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Amanda Hodges	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1211318]						
(2) 10044 N Sherman Ave	Submitted on:						
Address (number and street) Glen St Mary, FL 32040	6/18/2020 00:24:36 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 123						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	Member - District 5						
Political Committee (PC)							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ 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 Identifiers							
Cover Period: From <u>6</u> / <u>1</u> / <u>202</u> 0 To	6 / <u>12</u> / <u>2020</u> Report Type: <u>P1</u>						
☑ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 000	Expenditures \$,, 236 . 92						
¢ 0.00							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Total Monetary \$, , 0.00	Office Account \$,, 0 . 00						
	Total Monetary \$, 1,236.92						
In-Kind \$,,0.00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>1</u> , <u>900</u> . <u>00</u>	\$, <u>1</u> , <u>236</u> . <u>92</u>						
(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)	(Type name)						
Individual (only for IE	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Amanda Hodges	(2) I.D. Number					23
	6/1/2020			/12/2020		-	0
(3) Cover Per	iod / /	thro	bugh	11	(4) Page	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1	_						
	_						
			-				
1 1	_						
1 1							
1 1							
1 1							
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Aman	CAMPAIGN TREASURER' da Hodges	(2)) EXPENDITURES 2) I.D. Number		123	
(3) Cover Period	6/1/2020 I/ _/through_	6/12/2020 //	4) Page <u>1</u>	of_	1	
(5) Date (6) Sequence Number	(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	
6/9/2020 1	Max Graphics, 583 S 6th St Macclenny, FL 32063	signs	МО		\$1,089.26	
6/11/2020 / / 2	SISTER SUSIES , 114 s 5th st MACCLENNY, FL 32063	t shirts	МО		\$147.66	
_/ /						
_/ /						
//						
//						
11						
11						

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