CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Amanda Hodges	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1219183]							
(2) 10044 N Sherman Ave	Submitted on:							
Address (number and street) Glen St Mary, FL 32040	7/23/2020 17:42:51 (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								
 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 7 / <u>11</u> / <u>2020</u> To	7/ <u>17</u> / <u>2020</u> Report Type: <u>P4</u>							
ĭ Original ☐ Amendment ☐ Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>100</u> . <u>79</u>							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0.							
Total Monetary \$	Total Monetary \$, , <u>100</u> . <u>79</u>							
	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>3</u> _, <u>200</u> . <u>00</u>	\$, <u>3</u> , <u>016</u> . <u>78</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 ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
x	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Amanda Hodges		(2) I.D. Number						
7/11/2020			7/17/2020						
(3) Cover Perio	od / /	thro	bugh	<i>ll</i>	(4) Page	e <u> </u>	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	_								
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Aman		() EXPENDIT 2) I.D. Number		123	
(3) Cover Period	7/11/2020 I// through_	7/17/2020	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	
7/11/2020	MAX GRAPHICS, 583 S 6TH ST MACCLENNY, FL 32063	copies	МО		\$7.86	
7/17/2020 // 2	Baker County Press, 104 S 5th st MACCLENNY, FL 32063	advertising	MO		\$92.93	
_/ /						
_/ /						
_/ /						
_/ /						
11						
11						

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