CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Brenda Hoots	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	580 N Hacienda St	Submitted on:								
	Address (number and street) Clewiston, FL 33440	5/6/2020 11:32:31 (eastern)								
	City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 142								
(4)	Check appropriate box(es):									
	 ☑ Candidate Office Sought: Supervisor of Elections ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 									
	(5) Report	Identifiers								
Cove	er Period: From $\underline{4}$ / $\underline{1}$ / $\underline{2020}$ To									
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, 2 , _00000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, 2 , 00000	Total Monetary \$, , _9 . 95								
In-Ki	ind \$,,	, , , , , <u> </u>								
		(8) Other Distributions \$, , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$,3_, _00000									
(T)	(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									
_X	gnature	X Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Brenda Hoots				2) I.D. Numbe	er <u>1</u>	42	
(3) Cover Peri	od///	thro		/30/2020 //	(4) Paç	је <u>1</u>	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12)	
4/30/2020 / /	Hoots, Brenda 580 N Hacienda St Clewiston, FL 33440	S	supervison of elect				\$2,000.0	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bren	da Hoc	ots						 (2) I.D. Nun	nber		142	an an
	4/1	/202	20		4/30	/20:	20					
(3) Cover Period	d	/	1	through	1	/	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4/30/2020	CenterState Bank, 45 Bridge St	bank fees	MO		\$9.95
1	LaBelle, FL 33935				
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DS-DE 14 (Rev.					