CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Melissa Arnold	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	PO Box 1494	Submitted on:								
	Address (number and street) Okeechobee, FL 34973-1494	10/29/2020 20:53:48 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 154								
(4)	Check appropriate box(es):									
	<ul> <li>☑ Candidate Office Sought: Supervisor of Elections</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 10 / 17 / 2020 To	10 / 29 / 2020 Report Type: <u>G-6</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ , , ,000	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , 0 . <u>00</u>	Total Monetary \$ , , <u>199</u> . <u>00</u>								
In-Ki	nd \$ ,1 , <u>889</u> . <u>99</u>									
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(Ty	(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									
Sign	gnature	X Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	lissa Arno	old			(2)		154		
	10/17/2	020		10/29	9/2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
10/18/2020	Arnold, Melissa PO Box 1494 Okeechobee, FL 34973	S	self-emplo yed	IK	digital advertisem ent		\$1,180.0
10/20/2020	Arnold, Melissa PO Box 1494 Okeechobee, Fl 34973	S		IK	hardware		\$9.9
10/28/2020	Arnold, Melissa PO Box 1494 Okeechobee, FL 34973	S	self-emplo	) IK	digital ads		\$700.0
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1 1							
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Melissa Arnold						(2) I.D. Nun	nber	154		
		10/17/	2020		10/29/	2020	~ •				
(3) Cover Pe	eriod	1	1	through	/	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
10/23/2020	Ocean Media, 3727 SE Ocean Blvd	ad	МО		\$199.00
1	Suite 202 Stuart, FL 34996				
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DS-DE 14 (Rev.	44/49 \		,		