	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Faith Nielson Name	OFFICE USE ONLY ONLINE SUBMISSION								
(2)	5250 NW 122nd Dr	[1206852]								
	Address (number and street)	Submitted on:								
	Okeechobee, FL 34972	5/11/2020 05:38:10 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:156								
(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								
	er Period: From 4 / 1 / 2020 To	4 / 30 / 2020 Report Type: M-4								
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ ,1 , <u>390</u> . <u>18</u>	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ ,1 , <u>390</u> . <u>18</u>	Total Monetary \$ . 7 . 95								
In-Ki	ind \$ , , 0.00	Total Monetary \$ , , , 95								
		(8) Other Distributions \$ , , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$,3_,28590									
(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    Deputy Treasurer									
X		<u>X</u>								
Si	gnature	Signature								

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

(1) Name	Faith Nielson			(2) I.D. Number						
	4/1/2020			4/30/	2020					
(3) Cover Peri	od /	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
1	Nielson, Faith 5250 N. E. 122Nd Dr Okeechobee, Fl 34972	S	deputy soe	e CH	signs & hats		\$898.7
4/13/2020	Nielson, Faith 5250 N. E. 122Nd Dr Okeechobee, Fl 34972	S		СН	candidate petition verificati on		\$21.7
4/24/2020	Nielson, Faith 5250 N. E. 122Nd Dr Okeechobee, Fl 34972	S	deputy soe	е СН	signs		\$469.7
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J J							
f f							
J J							
1 1							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	aith	Nielsc	n					 (2) I.D. Num	ber	1	L56	an an
		4/1/2	020			4/30/	2020					
(3) Cover P	eriod	I		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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	CENTER STATE BANK, 2100 S PARROTT AVE	maintenance fee	MO		\$7.95
1	OKEECHOBEE, FL 34974			3	·
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