	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Demetre Riles	OFFICE USE ONLY				
` '	Name	ONLINE SUBMISSION				
(2)	1005 SE 38th Ave	Submitted on:				
	Address (number and street)	3/4/2020 07:11:31 (eastern)				
	Okeechobee, FL 34974					
	City, State, Zip Code	(2) 17 11 1				
	Check here if address has changed	(3) ID Number:158				
(4)	• • • • • • • • • • • • • • • • • • • •					
	Candidate Office Sought: County Commis	sion, District 3				
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded				
	Party Executive Committee (PTY)	☐ 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				
Cove	er Period: From 2 / 1 / 2020 To	2 / 29 / 2020 Report Type: M-2				
X O	riginal Amendment Spo	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
` ,		Monetary				
Cash	n & Checks \$, , 225 . 00	Expenditures \$, , 0 . 00				
						
Loar	ns \$,, <u>0</u> .00	Transfers to				
		Office Account \$, , , 0 . 00				
Tota	I Monetary \$, , <u>225</u> . <u>00</u>					
	•	Total Monetary \$, , 0 . 00				
In-Ki	nd \$,, <u>0</u> . <u>00</u>					
		(8) Other Distributions				
		\$, , <u>0</u> . <u>00</u>				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$, <u>5</u> , <u>275</u> . <u>00</u>	\$, , <u>131</u> . <u>06</u>				
		tification on to falsify a public record (ss. 839.13, F.S.)				
1						
I C	certify that I have examined this report and it is true, corr	ect, and complete:				
_(T	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
X		×				
	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	metre Riles	5	(2) I.D. Number						
	2/1/2020			2/29/	2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of ¹	Ĺ

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
2/10/2020 /	Alderman, Verna 1520 NE 12th Okeechobee, FL 34972	I		СН			\$50.(
2/10/2020	Brown, Rosalind 504 NW 17th Street Okeechobee, FL 34972	I		СН			\$50.0
2/22/2020	Cable, Margaret 1852 SW 37th Ave Okeechobee, FL 34974	I		СН			\$25.0
2/22/2020	Okeechobee County Democratic E, PO Box 1351 Okeechobee, FL 34973	P		СН			\$100.0
I I							
J I							
I I							
1 1							

Name Demetr	2/1/2020 2/	29/2020	2) I.D. Number	3	158
Cover Period _	/through		1) Page <u>1</u>	or	0
(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	Amoun
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DS-DE	11/ROV	11/12