CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Amanda Riedel	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	732 SE 32nd Ave	Submitted on:							
	Address (number and street) Okeechobee, FL 34974	6/18/2020 13:58:10 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 165							
(4)		(b) 15 Number							
(4)	Check appropriate box(es): Candidate Office Sought: School Board,	District 4							
		DISCITCE 4							
	☐ 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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
	(5) Report	dentifiers							
Cove	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2020}$ To	9 / 10 / 2020 Report Type: TRQ							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , , 000	Monetary							
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	I Monetary \$, , 000	Total Monetary \$,1 ,188 . 80							
In-Ki	nd \$,, <u>0</u> .00								
		(8) Other Distributions \$, , 000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>1</u> , <u>250</u> . <u>00</u>	\$, <u>1</u> , <u>250</u> . <u>00</u>							
	(11) Cert It is a first degree misdemeanor for any pers	tification on 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)									
	ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
х		X							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Amanda Riedel	(2) I.D. Number						
	6/1/2020		9	/10/2020				
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e $\frac{1}{}$	of	
				r	Г			
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
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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 Ama:	nda Ri	edel					 (2) I.D. Nun	nber	-	165	
	6/	1/20	20		9/10/2	020					
(3) Cover Perio	od	1	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
6/16/2020	Centerstate Bank, 2100 S. Parrott Ave Okeechobee, FL 34974	early closure fee	MO		\$25.00
6/16/2020	Riedel, Amanda 732 SE 32nd Ave Okeechobee, FL 34974	return of unused campaign funds	DI		\$61.20
6/5/2020	Supervisor of Elections, 304 NW 2nd St. Room 144 Okeechobee , FL 34972	campaign filing fee	МО		\$1,163.80
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