	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Donna Howard	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION [1206579]								
(2)	1804 SW 2nd Ave	Submitted on:								
	Address (number and street)	5/9/2020 10:54:42 (eastern)								
	Okeechobee, FL 34974									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:167								
(4)	Check appropriate box(es):									
	Candidate Office Sought: Supervisor of	Elections								
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ 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 $4 / 1 / 2020$ To	4 / 30 / 2020 Report Type: M-4								
X o	riginal Amendment Spo	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(-)	Communication of the point	Monetary								
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 230 . 00								
Loar	ns \$, <u>300</u> . <u>00</u>	Transfers to								
		Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , <u>300</u> . <u>00</u>									
		Total Monetary \$ , , 230 . 00								
In-Ki	nd \$ , , <u>45</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								
	\$,, 800 . 00	\$ , , 395.59								
		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:										
_(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		×								
	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Donna Howard	<u>=</u> 37	(2) I.D. Number						
	4/1/2020		4/30/2020						
(3) Cover Perio	od//	through	<i>I I</i>	(4) Pag	je <u> </u>	of			
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount			
4/23/2020	Howard, Donna v. 1804 SW 2nd Ave. Okeechobee, FL 34974	S claims manager	LO	î î		\$300.			
1									
4/24/2020	Howard, Donna V. 1804 SW 2nd Ave. Okeechobee, FL 34974	S claims manager	IK	printing candidate petition cards		\$45.			
1 1									
1 1									
1 1									

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

(1) Name	onna	Howard	i	111			78. 110	 (2) I.D. Nur	nber	-	167	
		4/1/2	02	0		4/30/2	2020					
(3) Cover Pe	eriod	I		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(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
1	Ht Multimedia Designer, 2625 NW 34th Ave. Okeechobee, FL 34972	sign and website	МО		\$130.00
4/23/2020	Sign Guy, 216 S. Parrott Ave. Okeechobee, FL 34974	banner	МО		\$100.00
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