| | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | |
|-------|--|---|--|--|--|
| (1) | Amanda Mills NesSmith | OFFICE USE ONLY | | | |
| • | Name | ONLINE SUBMISSION | | | |
| (2) | 353 NE 143 Ave | Submitted on: | | | |
| | Address (number and street) Old Town, FL 32680 | 2/1/2022 12:47:10 (eastern) | | | |
| | City, State, Zip Code | | | | |
| | ☐ Check here if address has changed | (3) ID Number: 200 | | | |
| / A\ | | (3) 1D Number | | | |
| (4) | Check appropriate box(es): X Candidate Office Sought: School Board I | Mombon - District 2 | | | |
| | | Member - District Z | | | |
| | ☐ 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 | | | |
| | | | | | |
| | | Identifiers | | | |
| Cove | er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2022}$ To | 1 / 31 / 2022 Report Type: M1 | | | |
| X O | Priginal Amendment Spe | ecial Election Report | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | |
| | | Monetary | | | |
| Cash | h & Checks \$, , <u>500</u> . <u>00</u> | Expenditures \$, , 0 . 00 | | | |
| Lagr | s \$, , 0.00 | To set to me had | | | |
| Loar | ns \$,, <u>0</u> . <u>00</u> | Transfers to Office Account \$, , 0 . 00 | | | |
| Tota | Il Monetary \$, , 500 . 00 | ,,, | | | |
| 10 | , , , , , , , , , , , , , | Total Monetary \$, 0 . 00 | | | |
| In-Ki | ind \$, , 0.00 | , , , | | | |
| | | (8) Other Distributions | | | |
| | | \$,, <u>0</u> . <u>00</u> | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | |
| (5) | \$, , 500 . 00 | \$, , 0. 00 | | | |
| | , | ,, | | | |
| | (11) Cert | | | | |
| | It is a first degree misdemeanor for any personal state of the state o | | | | |
| Ιc | certify that I have examined this report and it is true, corre | ect, 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) NameAmanda Mills NesSmith | | | | | (2) I.D. Number | | | |
|-------------------------------|--|--|---------------------|--------------|-----------------|-------------|---------|--|
| | 1/1/2022 od/// | | 1 | /31/2022 | (4) Pag | je <u>1</u> | of | |
| (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | | (8) | (9) | (10) | (11) | (12) | |
| Sequence | Street Address & | | ontributor | Contribution | In-kind | | | |
| Number | City, State, Zip Code | | Occupation | Туре | Description | Amendment | Amount | |
| 1/14/2022 | NesSmith, Amanda 353 NE 143rd Ave Old Town, FL 32680 | | career counselor | CH | | | \$500.0 | |
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| | a Mills NesSmit 1/1/2022 | 1/ | 31/2022 | (2) I.D. Numbe | | |
|------------------------------|---|------------------------------|--|----------------------------|------|------|
| Cover Period _ | // | _through | | (4) Page1 | of | 0 |
| (5) Date (6) Sequence Number | (7) Full Na (Last, Suffix, Fi Street Add City, State, 2 | me rst, Middle) ress & | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) | (11) |
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