CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Amanda Mills NesSmith	OFFICE USE ONLY							
Name (2) 353 NE 143 Ave	ONLINE SUBMISSION [1260180]							
(2) 353 NE 143 Ave Address (number and street)	Submitted on:							
Old Town, FL 32680	5/3/2022 18:46:37 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 200							
(4) Check appropriate box(es):								
Candidate Office Sought: School Board	Member - District 2							
 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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
(5) Report Identifiers								
Cover Period: From <u>4</u> / <u>1</u> / <u>2022</u> To	4/ 30/ 2022 Report Type:M4							
☐ Original ☐ Amendment ☐ Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,, 500 . 00	Expenditures \$,, 72 . 25							
Loans \$,,0.00	Transfers to							
	Office Account \$ _ , _ , _ 0 . 00							
Total Monetary \$,, 500 00								
	Total Monetary \$,, <u>72</u> . 25							
In-Kind \$,, 00								
	(8) Other Distributions \$ 0.00							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>2</u> , <u>966</u> . <u>91</u>	\$, <u>2</u> , <u>491</u> . <u>79</u>							
(11) Car	I tification							
(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, cor	rect, and complete:							
(Type name) (Type name)								
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	<u>X</u>							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number					
4/1/2022			4	/30/2022					
(3) Cover Peri	od / /	thre	ough	11	(4) Pag	e	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind				
Number 4/22/2022 / /	City, State, Zip Code NESSMITH, AMANDA 353 NE 143RD AVE OLD TOWN, FL 32680	S	Occupation career counselor	Туре СН	Description	Amendment	Amount \$500.00		
1									
1 1	_								
1 1	-								
		-							
1 1	_								
1 1	_								
1 1	_								
1 1	_								
1 1	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Aman	CAMPAIGN TREASURER'		2) I.D. Number		200
(3) Cover Period	4/1/2022 d/ /through_	4/30/2022	4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
4/19/2022 1	HAYS CUSTOM TINTING, 188 SE 297 ST CROSS CITY, FL 32628	custom window sticker	МО		\$20.00
4/26/2022	VISTA PRINT, 100 HAYDEN AVENUE LEXINGTON, MA 02421	window decals	МО		\$42.25
4/29/2022 // 3	CAPITAL CITY BANK, 294 NE 210TH AVE CROSS CITY, FL 32628	monthly service charge	МО		\$10.00
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