	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	6/2/2022 14:41:44 (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)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ 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 5 / 1 / 2022 To						
⊠ o		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
(-)		Monetary					
Cash	n & Checks \$, , 400 . 00	Expenditures \$, , 141 . 60					
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Toto	I Monetary \$, , 400 . 00	Office Account \$, , , 0 . 00					
Tota	I Monetary \$,, 400 . 00	Total Monetary \$, , 141 . 60					
In-Ki	and \$, , 0.00	,, ,, ,					
	///	(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(-)	\$, 3, 366. 91	\$, 2 , 633 39					
	(11) Cert It is a first degree misdemeanor for any pers	ification					
Lo							
I certify that I have examined this report and it is true, correct, and complete:							
	ype name)	(Type 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 Mills NesSmi	th			2) I.D. Numbe	er	200
	5/1/2022		5	/31/2022			
(3) Cover Peri	od//	thre	ough	<i>l l</i>	(4) Pag	je	of
		T		Y .		T	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
5/26/2022	NESSMITH, AMANDA 353 NE 143RD AVE		career counselor	CH			\$400.0
1,1	OLD TOWN, FL 32680		Counselor				
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<i>J</i> 1	-						
<u>f 1</u>	77						
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Amanda Mills NesSmith					100	(2) I.D. Number			200		
		5/1/20	22		5/31/2	022						
(3) Cover P	eriod	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
5/27/2022	VISTA PRINT, 100 HAYDEN AVENUE LEXINGTON, MA 02421	magnets	MO		\$131.60
5/31/2022	CAPITAL CITY BANK, 294 NE 210TH AVE CROSS CITY, FL 32628	monthly service charge	МО		\$10.00
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DS-DE 14 (Rev.	1440 V				