CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Amanda Mills NesSmith	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	353 NE 143 Ave	[1277103]								
	Address (number and street)	Submitted on: 8/19/2022 07:45:37 (eastern)								
	Old Town, FL 32680	(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 ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed individual making electioneering communications) 									
	(5) Report	Identifiers								
Cove	er Period: From 8 / 6 / 2022 To	8 / 18 / 2022 Report Type: <u>P7</u>								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$, , ,000	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00								
Tota	I Monetary \$,,	Total Monetary \$, , <u>147</u> . <u>32</u>								
In-Ki	nd \$, , 0 . 00									
		(8) Other Distributions \$, , <u>0</u> 00								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>5</u> , <u>186</u> . <u>91</u>	\$, <u>5</u> , <u>174</u> . <u>31</u>								
	(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, correct, and complete: (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
Sig	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Amanda Mills NesSmi	th			2) I.D. Numbe	er <u>2</u>	0.0
	8/6/2022 od///		8	/18/2022 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) 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	Amanda	Mills	NesSm	ith		994 July 10000	 (2) I.D. Nun	nber	2	200	
		8/6/20	22		8/18/2	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
8/12/2022	Shell Oil, 25850 US 19 N Old Town, FL 32680	campaign fuel	МО		\$72.02
1					
8/17/2022	Marathon Gas, 16194 US 19 Cross City, FL 32628	campaign fuel	МО		\$75.30
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