

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Amanda Mills NesSmith
 Name
 (2) 353 NE 143 Ave
 Address (number and street)
Old Town, FL 32680
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1280854]

Submitted on:
 9/14/2022 09:36:40 (eastern)

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) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 8 / 19 / 2022 To 11 / 21 / 2022 Report Type: TR3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 12 . 60

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 12 . 60

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 5 , 186 . 91

(10) TOTAL Monetary Expenditures To Date
 \$, 5 , 186 . 91

(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 or electioneering comm.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Amanda Mills NesSmith (2) I.D. Number 200

8/19/2022 through 11/21/2022

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Amanda Mills NesSmith

(2) I.D. Number 200

(3) Cover Period 8/19/2022 through 11/21/2022

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
8/31/2022 / /	Capital City Bank, 294 NE 210th Ave Cross City, FL 32628	monthly service charge	MO		\$10.00
1					
9/15/2022 / /	Capital City Bank, 294 NE 210th Ave Cross City, FL 32628	campaign refund	RE		\$2.60
2					
/ /					
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