CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Celestine Mills	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1085515]							
(2) 4747 Fireside Drive West	Submitted on:							
Address (number and street)	2/27/2015 10:06:44 (eastern)							
Jacksonville, FL 32210 City, State, Zip Code								
Check here if address has changed	(3) ID Number: 664							
(4) Check appropriate box(es):								
Candidate Office Sought: City Council	District 10							
\square Political Committee (PC)								
Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an	 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								
Cover Period: From 2 / 14 / 2015 To								
	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
¢ 50.00	Monetary Expenditures \$, , ,150 .00							
Cash & Checks \$, , <u>-50</u> . <u>00</u>	Expenditures \$,, <u>150</u> .00							
Loans \$, , 0.00	Transfers to							
	Office Account \$,,0.00							
Total Monetary \$,, -50 . 00								
	Total Monetary \$,, 150 . 00							
In-Kind \$,, 224 . 50								
	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, 2_, 976.00	\$, 2, 566.23							
	tification son 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	Celestine Mills	(2) I.D. Number664						
	2/14/2015			/20/2015				
(3) Cover Per	iod / /	thro	ough	<i>ll</i>	(4) Pag	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
2/20/2015 / /	Elem, Ebonee 6650 Cororate Center #1113 Jacksonville, FL 32216	I		СН	refund to contributo r #901		\$-50.0	
2/16/2015 / / 2	Tiki Grapics, 2834 Dunn Ave 2834 Dunn Ave Jacksonville, FL 32218	0	friends	IK	balance of campaign signs paid for by contributo rs		\$224.5	
1 1								
1 1								
1 1								
1 1								
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Cele	EXPENDIT 2) I.D. Number				
(3) Cover Period	2/14/2015 I/through_	2/20/2015 /(4	I) 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
	Tiki Graphics, 2831 Dunn Ave Jacksonville , FL 32218	down payment on campaign signs	МО		\$150.00
//					
_/ /					
_/ /					
_/ /					
_/ /					
11					
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