	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Tommy L Mills	OFFICE USE ONLY								
, ,	Name	ONLINE SUBMISSION								
(2)	6795 Quail Valley Rd	[1207179]								
	Address (number and street)	Submitted on:								
	Tallahassee, FL 32309	5/11/2020 22:45:14 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:604								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: Leon County Sheriff</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From $\frac{4}{2}$ / $\frac{1}{2020}$ To	4 / 30 / 2020 Report Type: 20M4								
X o	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ ,1 , 200 . 00	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ ,1 , 200 . 00	Total Monetary \$ , , 21 . 30								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$,, <u>247</u> . <u>05</u>								
<u>(T</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									
X		_X								
Sic	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Tommy L Mills				(2	?) I.D. Number		604		
	4/1/2020			4/30/	2020					
(3) Cover Peri	od /	1	through	1	1	(4) Page	1	of	1	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name			Control of the Contro	20 <b>-</b> 00-00-00-00-00-00-00-00-00-00-00-00-00		
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	ACCUSED SECTIONS OF SECTION SE	Туре	Description	Amendment	Amount
4/7/2020	Williams, Michael 7 2029 Foster Drive Tallahassee, FL 32303		pastor	СН			\$250.00
1	Tallahassee, FE 32303						
4/21/2020	Freiwald, Thomas P.O. Box 821497 Pembroke Pines, FL 33082	I	retired	СН			\$250.00
2							
4/21/2020 / /	Mills, Kim B ***Protected Voter***	I	retired	СН			\$250.00
3							
4/23/2020 / /	Gillander, Bruce 2715 Breton Ridge Dr. Tallahassee, FL 32312	I	retired	СН			\$100.00
4							
4/23/2020 / /	Mears, Norm 4550 Hedgewood Dr. Tallahassee, FL 32309	I	retired	СН			\$100.00
4/30/2020	Mills, Sharonda 803 Ayden Oak LN	I	attorney	СН			\$250.00
6	Ocoee, FL 34761						
l I							
1 1							
DS-DE 13 (Rev. 11/				NSTRUCTIONS			

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Tommy	L Mill	s				(2)	I.D. Nun	nber	(	504	
	4/1/20	)20		4/30/20	020						
(3) Cover Period	I	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
4/30/2020	Stripe, 510 Townsend St. San Francisco, CA 94103	processing fees	MO		\$21.30
1					
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