CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Tommy L Mills	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	6795 Quail Valley Rd	Submitted on:								
	Address (number and street)	11/15/2020 17:29:42 (eastern)								
	Tallahassee, FL 32309									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 604								
(4)	Check appropriate box(es):									
	<ul> <li>☐ 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 $\underline{4}$ / $\underline{1}$ / $\underline{2020}$ To	4 / 30 / 2020 Report Type: 20M4								
	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , , 3523	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , 35 . 23	T. 114								
In-Ki	and \$,, <u>0</u> .00	Total Monetary \$ , , ,1 . 14								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$,32_, _02516_ (10) TOTAL Monetary Expenditures To Date \$,32_, _02516_									
(T	(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									
<u>X</u>		X								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Tommy L Mills	(2) I.D. Number									
	4/1/2020		4/30/2020		1	1					
(3) Cover Perio	od / /	through	_ 1 1	(4) Pa	ge <u> </u>	of					
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9)	(10)	(11)	(12)					
Number	City, State, Zip Code	Type Occupation	n Type	Description	Amendment	Amount					
4/14/2020	Ledbetter, Rose 4162 Laurel Oak Circle Tallahassee, FL 32311	I resource	СН		Add	\$25.8					
1											
4/14/2020	Ledbetter, James 4162 Laurel Oak Circle Tallahassee, FL 32311	I state worker	СН		Add	\$9.4					
2											
f f	-										
I I											
1 1											
f f											
1 1											

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

(1) Name	Commy	L Mi	lls							 (2) I.D. Nun	nber	(	504	and an artist of the second
		4/1/	202	20			4/3	0/20	20	**				
(3) Cover Po	eriod	1		1	t	hrouah		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
4/14/2020	Paypal, 2211 North First Street San Jose, CA 95131	processing fee	MO	Add	\$1.14
1	Ball tose, CA 95151				
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DS-DE 14 (Rev.	1440 X				