

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Donna Maria Mills  
Name  
(2) 1330 SW Briarwood Drive  
Address (number and street)  
Port St Lucie, FL 34986  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1022816]  
Submitted on:  
9/15/2010 07:50:12 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 151

(4) Check appropriate box(es):  
 Candidate (office sought): School Board, District 3  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/20/2010 To 9/10/2010 / Report Type G1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>910.00</u>
Loans	\$	<u>500.00</u>
Total Monetary	\$	<u>1,410.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 11,454.57

**(10) TOTAL Monetary Expenditures To Date**  
\$ 9,462.08

**(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 electioneering commun.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donna Maria Mills (2) I.D. Number 151  
 8/20/2010 9/10/2010  
 (3) Cover Period  / /  through  / /  (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation				
9/2/2010 / /	Beauty Salon, Finally 2104 Ave D Fort Pierce, Fl 34950	B		CH			\$50.00
1							
8/24/2010 / /	George, Tiffany 9110 Erfurt Ct. Laurel, Md 20708	I		CH			\$100.00
2							
8/29/2010 / /	Mills, Denise 7118 Ayers Meadow Lane Springfield, Va 22150	I	fed gov	CH			\$200.00
3							
8/29/2010 / /	Diamond Inc, Lucky 369 SW North Shore Blvd PSL, Fl 34986	B		CH			\$100.00
4							
9/3/2010 / /	Lecato, Ila Mae 2104 Golfview Ct Ft Pierce, Fl 34950	I		CH			\$25.00
5							
9/3/2010 / /	Hendley, Pinkie 2306 San Diego Ave Ft Pierce, Fl 34946	I		CH			\$50.00
6							
9/3/2010 / /	Trucking Inc, Triple H. P.O.Box 67 Ft Pierce, Fl 34954	B		CH			\$25.00
7							
9/8/2010 / /	Hall, Alcenia P.O. Box 3331 Ft Pierce, Fl 34954	I		CH			\$10.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Donna Maria Mills **(2) I.D. Number** 151  
**(3) Cover Period** 8/20/2010 through 9/10/2010 **(4) Page** 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9/6/2010 / /	Mosley, Archie 5789 NW Dublin Dr PSL, Fl 34986	I		CH			\$50.00
9							
9/8/2010 / /	Mills, Donna 1330 SW Briarwood Dr PSL, Fl 34986	I	self empl. candidate	LO			\$500.00
10							
8/31/2010 / /	Funeral Home, Stone Bros. P.O. Box 831 Ft Pierce, Fl 34954	B	owner/oper ator	CH			\$300.00
11							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Donna Maria Mills

(2) I.D. Number 151

(3) Cover Period 8/20/2010 through 9/10/2010

(4) Page 1 of 0

(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					
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