

**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
[1026215]
Submitted on:
12/14/2010 09:51:07 (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 10/29/2010 To 1/30/2011 / Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00
 Loans \$ 0.00
 Total Monetary \$ 250.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 684.33
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 684.33

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 22,888.57

(10) TOTAL Monetary Expenditures To Date
\$ 22,888.57

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donna Maria Mills

(2) I.D. Number 151

(3) Cover Period 10/29/2010 through 1/30/2011

(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					
12/14/2010 //	Campaign Acc. of Donna Mills, Bank of America	reimbursement of loans to account by donna mills	RE		\$684.33
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