

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna Maria Mills
 Name

(2) 1330 SW Briarwood Dr
 Address (number and street)

Port St Lucie, FL 34986
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1062348]

Submitted on:
 5/1/2014 11:10:51 (eastern)

Check here if address has changed

(3) ID Number: 232

(4) Check appropriate box(es):

- Candidate Office Sought: School Board, District 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 4 / 1 / 2014 To 4 / 30 / 2014 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 344 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 344 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 10 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 344 . 00

(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 or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donna Maria Mills (2) I.D. Number 232

4/1/2014 through 4/30/2014

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donna Maria Mills

(2) I.D. Number 232

(3) Cover Period 4/1/2014 through 4/30/2014

(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					
4/16/2014 / /	Supervisor of Elections, 4132 Okeechobee Rd. Fort Pierce, Fl 34947	petition verification	DV		\$194.00
1					
4/16/2014 / /	Jackson, Alva P.O. Box Fort Pierce, Fl 34948	advertisement	MO		\$150.00
2					
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