

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna 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
[1250894]

Submitted on:
11/1/2021 14:12:02 (eastern)

Check here if address has changed

(3) ID Number: 515

(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 10 / 1 / 2021 To 10 / 31 / 2021 Report Type: M10

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 \$, , 41 . 60

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 41 . 60

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 6 , 050 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 429 . 45

(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 Mills (2) I.D. Number 515

10/1/2021 through 10/31/2021

(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 Mills

(2) I.D. Number 515

(3) Cover Period 10/1/2021 through 10/31/2021

(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					
10/7/2021 / /	Supervisor of Elections, 4132 Okeechobee Rd. Fort Pierce, Fl 34947	petitions	MO		\$41.60
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