

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
 [1248698]

Submitted on:
 9/1/2021 11:11:12 (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 8 / 1 / 2021 To 8 / 31 / 2021 Report Type: M8

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 \$, , 28 . 10

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 28 . 10

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 6 , 050 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 387 . 85

(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

(3) Cover Period 8/1/2021 through 8/31/2021 (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 8/1/2021 through 8/31/2021

(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					
8/20/2021 / /	Supervisor of Elections, 4132 Okeechobee Rd. Fort Pierce, Fl 34947	petitions submitted	MO		\$28.10
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