

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
[1288796]

Submitted on:
11/22/2022 13:11:18 (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 / 23 / 2022 To 11 / 21 / 2022 Report Type: TR3

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 26 , 898 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 26 , 898 . 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 Mills (2) I.D. Number 515

8/23/2022 through 11/21/2022

(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 8/23/2022 through 11/21/2022

(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					
9/2/2022 / /	Save Our Children, Inc., 464 North 9th St Fort Pierce, Fl 34950	donation to charitable organization	DI		\$6,165.26
1					
9/2/2022 / /	Mills, Donna 1330 SW Briarwood Dr. Port St. Lucie, Fl 34986	payback of loan to self	DI		\$5,000.00
2					
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