

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Suzanne Miller
Name

(2) 151 Columbus Dr
Address (number and street)

Islamorada, FL 33036
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

2022-11-04 P02:06

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: Islamorada Village Council Seat #1
- ☐ Political Committee (PC)
- ☐ Electioneering Communications Org. (ECO)
- ☐ Party Executive Committee (PTY)
- ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)
- ☐ Check here if PC or ECO has disbanded
- ☐ Check here if PTY has disbanded
- ☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 22 / 22 To 11 / 3 / 22 Report Type: 2022
63

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 350.00

Loans \$, ,

Total Monetary \$, , 350.00

In-Kind \$, ,

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 200.00

Transfers to Office Account \$, ,

Total Monetary \$, 1 , 200.00

(8) Other Distributions

\$, ,

(9) TOTAL Monetary Contributions To Date

\$, 12 , 575.00

(10) TOTAL Monetary Expenditures To Date

\$, 10 , 424.32

(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) Suzanne Miller
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Suzanne Miller
Signature

(Type name) Suzanne Miller
☒ Candidate ☐ Chairperson (only for PC and PTY)

X Suzanne Miller
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Suzanne Miller

(2) I.D. Number _____

(3) Cover Period 10/22/22 through 11/13/22

(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
10/23/22	US Post Office Islamorada FL 33036	Stamp	DIS		1200.00
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Suzanne Miller

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 22 through 11 / 3 / 22

(4) Page 1 of 1

(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
(6) Sequence Number						
10 / 26 / 22	Sharon Wampler 129 Nautilus Dr Islamorada FL 33036	I	retired	CHE		\$100
1						
10 / 26 / 22	George Young 109 Sandy Cove Islamorada FL 33036	I	retired	CHE		\$250
2						
1 / 1						
1 / 1						
1 / 1						
1 / 1						
1 / 1						