

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Suzanne Miller
Name

(2) 151 Columbus Dr
Address (number and street)
Islamorada, FL 33036
City, State, Zip Code

OFFICE USE ONLY

2022-08-10 P02:33

☐ Check here if address has changed

(3) ID Number: _____

(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 7 / 1 / 22 To 7 / 31 / 22 Report Type: 2022 M

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 10.40

Transfers to Office Account \$ _____

Total Monetary \$ _____ 10.40

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 2,825.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 20.40

(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 CONTRIBUTIONS

(1) Name Suzanne Miller (2) I.D. Number _____

(3) Cover Period 7 / 1 / 22 through 7 / 31 / 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
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Suzanne Miller

(2) I.D. Number _____

(3) Cover Period 7/1/22 through 7/31/22

(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
7/20/22	Bank Charge		CAN		5.00
7/27/22	Supervisor of Elections	Petition	DPV		5.40
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