	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Susan Miller-Jones	OFFICE USE ONLY			
	Name	ONLINE SUBMISSION			
(2)	ADDRESS EXEMPT	Submitted on:			
	Address (number and street) ADDRESS EXEMPT,	4/7/2016 16:14:29 (eastern)			
	City, State, Zip Code				
	☐ Check here if address has changed	(3) ID Number: 412			
(4)	Check appropriate box(es):	(5, 12 1131112511			
(~,		Group 1			
	Political Committee (PC)				
		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			
	individual making electioneering communications)	_ Officer field if the other in of new reports will be			
	(5) Para et				
000	• • •	: Identifiers			
	er Period: From $\frac{5}{2}$ / $\frac{1}{2}$ / $\frac{2015}{2015}$ To				
∐0	Driginal ☑ Amendment ☐ Spe	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
	-	Monetary			
Casl	h & Checks \$, , 000	Expenditures \$, , 0 . 00			
Loar	ns \$,,500	Transfers to			
Luai	, , , , , , , , , , , , , , , , , , , ,	Office Account \$, , 0 . 00			
Tota	al Monetary \$, , 5 . 00	, , , , , , , ,			
		Total Monetary \$, , 0 . 00			
In-Ki	ind \$,,,_0.00				
		(8) Other Distributions			
	1	\$,,,000			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
(3)	\$, <u>10</u> , <u>005</u> . <u>00</u>	\$,,,			
	, 10, 005	,,,			
	(11) Cert				
	It is a first degree misdemeanor for any person	• • • • • • •			
lo	certify that I have examined this report and it is true, corre	ect, and complete:			
(T	ype name)	(Type name)			
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)			
X		X			
Si	ignature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Susan Miller-Jones	(2) I.D. Number					
	5/1/2015 od///		5	/31/2015	(4) Pa	ne 1	of ¹
(0) 5010.11011						gc	
(5) Date	(7) Full Name	(8) Contributor Type Occupation		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code			Contribution Type	In-kind Description	Amendment	Amount
5/8/2015	Miller-Jones, Susar		candidate	LO		Delete	\$10,000.
1	Protected, Pr Protected						
5/8/2015	Miller-Jones, Susar	ı I	I candidate	LO		Add	\$10,005.
2	Protected, Pr Protected						
1 1							
1 1							
r r							
I I							
f I							
J I							
, ,							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Susan Miller-Jones (2) I.D. Number 412								
	5/1/2015 //through_	5/31/2015	, 4) Page <u>1</u>		0			
(5) Date (6) Sequence Number	(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)	(11) Amount			
//								
//								
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CAMPAIGN TREASURER'S REPORT – CONTRIBUTOR SUMMARY

Covers all contributions for this election cycle through <u>2016-04-07</u> 16:14:29

Name Susan Miller-Jones I.D. Number 412

Page ___1

Name/Address	Date	Туре	Contributor Occupation	Contribution Type	In-Kind Description	Amendment	Amount
Contributor Subtotal							\$0.0
Miller-Jones, Susan Protected Protected, Pr Protected	5/8/2015	I	candidate	LO			\$10,000.0
	5/8/2015	I	candidate	LO		Delete	\$10,000.0
	5/8/2015	I	candidate	LO		Add	\$10,005.0
Contributor Subtotal							\$10,005.0
Miller-jones, Susan Protrected Protected, Pr Protected	5/14/2015	I	candidate	IK	petition printing		\$68.5
	5/14/2015	I	candidate	IK	petition printing	Delete	\$68.5
	5/14/2015	I	candidate	IK	petition printing	Add	\$61.9
Contributor Subtotal							\$61.9
LAST PAGE							