

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Susan Miller-Jones
 Name

(2) ADDRESS EXEMPT
 Address (number and street)
ADDRESS EXEMPT,
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1100038]

Submitted on:
 3/10/2016 08:01:25 (eastern)

Check here if address has changed

(3) ID Number: 412

(4) Check appropriate box(es):

- Candidate Office Sought: County Judge Group 1
- 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 2 / 1 / 2016 To 2 / 29 / 2016 Report Type: 16M2

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 \$, , 158 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 158 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 10 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 158 . 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 Susan Miller-Jones (2) I.D. Number 412

(3) Cover Period 2/1/2016 through 2/29/2016 (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 Susan Miller-Jones

(2) I.D. Number 412

(3) Cover Period 2/1/2016 through 2/29/2016

(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					
2/10/2016 / / 1	alachua county supervisor of , elections 515 North Main St, Ste 300 Gainesville, FL 32601	processing fee for petition verification	MO		\$158.00
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CAMPAIGN TREASURER'S REPORT – CONTRIBUTOR SUMMARY

Covers all contributions for this election cycle through 2016-03-10 08:01:25

Name Susan Miller-Jones

I.D. Number

412

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Name/Address	Date	Contributor Type	Occupation	Contribution Type	In-Kind Description	Amendment	Amount
Contributor Subtotal							----- \$0.00
Miller-Jones, Susan Protected Protected, Pr Protected	5/8/2015	I	candidate	LO			\$10,000.00
Contributor Subtotal							----- \$10,000.00
Miller-jones, Susan Protrected Protected, Pr Protected	5/14/2015	I	candidate	IK	petition printing		\$68.50
	5/14/2015	I	candidate	IK	petition printing	Delete	\$68.50
	5/14/2015	I	candidate	IK	petition printing	Add	\$61.91
Contributor Subtotal							----- \$61.91
LAST PAGE							