

## 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**  
 [1103628]

Submitted on:  
 5/3/2016 12:35:22 (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)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 4 / 1 / 2016 To 4 / 30 / 2016 Report Type: 16M4

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 \$        ,        , 38 . 30

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 38 . 30

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 10 , 005 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 196 . 30

### (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 4/1/2016 through 4/30/2016 (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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Susan Miller-Jones

(2) I.D. Number 412

(3) Cover Period 4/1/2016 through 4/30/2016

(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					
4/13/2016 //	Supervisor of Elections, 515 North Main Street, Ste 300 Gainesville , Fl 32601	petition counting fee	MO		\$38.30
1					
//					
//					
//					
//					
//					
//					
//					

CAMPAIGN TREASURER'S REPORT – CONTRIBUTOR SUMMARY

Covers all contributions for this election cycle through 2016-05-03 12:35:22

Name Susan Miller-Jones

I.D. Number

412

Page 1

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
	5/8/2015	I	candidate	LO		Delete	\$10,000.00
	5/8/2015	I	candidate	LO		Add	\$10,005.00
Contributor Subtotal							----- \$10,005.00
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							