

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bob Mllner

Name

(2) 1417 Debra St

Address (number and street)

Starke, Fl 32091

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 314

OFFICE USE ONLY

ONLINE SUBMISSION

[1312975]

Submitted on:

6/25/2024 10:27:43 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: City Commissioner District 3

☐ 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 4 / 1 / 2024 To 5 / 31 / 2024 Report Type: Q2

☐ 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 \$, , 10 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 10 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 126 . 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)

☐ 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 Bob Mllner (2) I.D. Number 314
4/1/2024 5/31/2024
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (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 Bob Mllner

(2) I.D. Number 314

(3) Cover Period 4/1/2024 through 5/31/2024

(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
5/31/2024 / /	Bank, Capital City POB 900 Tallahassee, Fl 32202	service charge	MO	Add	\$10.00
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