CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Alan McMillan	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1141811]						
(2) 54 Star Lake Dr	Submitted on:						
Address (number and street) Pensacola, FL 32507	4/28/2017 16:57:44 (eastern)						
City, State, Zip Code	—						
Check here if address has changed	(3) ID Number: <u>561</u>						
(4) Check appropriate box(es):							
Candidate Office Sought: County Commis	ssioner, District 2						
Political Committee (PC) Florting Committee (PC) (E00)							
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	 Check here if PC or ECO has disbanded Check here if PTY has disbanded 						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>3</u> / <u>1</u> / <u>201</u> 7 To	3/ 31/ 2017 Report Type:M3						
🗌 Original 🛛 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 000	Expenditures \$, , , 00						
Loans \$,,0.00	Transfers to						
	Office Account \$,,0 . 00						
Total Monetary \$, , 0.00							
	Total Monetary \$, , 0 . 00						
In-Kind \$, 0.00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>35</u> , <u>100</u> . <u>00</u>	\$,4_,61446_						
(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)	(Type name)						
or electioneering comm.)							
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number					
	3/1/2017				3/31/2017			
(3) Cover Per	iod / /	thr	ough	I I	(4) Pa	ge	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
Number	Burr, Timothy	I	attorney	СН	Description	Delete	\$1,000.0	
3/14/2017	604 Fairpoint Dr. Gulf Breeze, FL 32561							
1								
3/14/2017 / /	Burr Family Rev Liv Trust, 604 Fairpoint Dr. Gulf Breeze, FL 32561	7 0	trust account	СН		Add	\$1,000.0	
2								
1 1	_							
1 1	_							
1 1								
1 1	_							
1 1								
/ /	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Alan McMillan (2) I.D. Number 561							
	3/1/2017 /through	3/31/2017	(4) Page <u>1</u>	2-	0		
(5)	(7)	(8)	(9)	(10)	(11)		
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought contribution to a candidate)	if Expenditure Type	Amendment	Amount		
_/ /							
//							
//							
11							
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11							
11							
_/ /							

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