CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) MATT MILLER	OFFICE USE ONLY							
	ONLINE SUBMISSION [1127284]							
(2) <u>4204 E 23RD ST</u> Address (number and street)	Submitted on:							
ALVA, FL 33920	9/21/2016 14:37:08 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number:1182							
(4) Check appropriate box(es):								
<ul> <li>Candidate Office Sought: <u>COUNTY COMMISSIONER-5</u></li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>								
(5) Report Identifiers								
Cover Period: From <u>6</u> / <u>1</u> / <u>2016</u> To	9 / <u>22</u> / <u>2016</u> Report Type: <u>RQ</u>							
☐ Original								
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$ , , , 000	Monetary Expenditures \$ , , , 0 . 00							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,0.00							
Total Monetary       \$	Total Monetary \$ , , , 0 . 00							
	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>201</u> , <u>000</u> . <u>00</u>	\$, <u>201</u> , <u>478</u> . <u>00</u>							
(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, cor	rect, and complete:							
(Type name)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>MATT MILLER</u>				(2) I.D. Number					
	6/1/2016			9/22/2016					
(3) Cover Perio	/ bc	thro	ough	11	(4) Pag	e _1	of		
1				1					
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1	-								
1 1	-								
1 1	-								
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37 50									
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1 1	-								
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1 1	-								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(3) Cover Period (5) Date	6/1/2016 /through (7) Full Name (Last, Suffix, First, Middle)	(8)	4) Page <u>1</u>	of	1
	Full Name	26 - 36 			
(6) Sequence Number	Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	Miller, Matthew Shawn 4204 E 23rd Street Alva, FL 33920	repayment of loan	DI		\$194,684.18
	Miller, Matthew Shawn 4204 E 23rd Street Alva, FL 33920	repayment of loan	DI		\$6,781.82
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_/ /					
_/ /					
_/ /					
DS-DE 14 (Rev. 1					

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