CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	MATT MILLER	OFFICE USE ONLY							
(8)	Name	ONLINE SUBMISSION [1222633]							
(2)	PO BOX 818  Address (number and street)	Submitted on:							
	ALVA, FL 33920	8/3/2020 15:50:32 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 1655							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: PROPERTY APPR	AISER							
	Political Committee (PC)								
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	☐ 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							
	individual making electioneering communications)								
	(5) Report	dentifiers							
Cove	er Period: From 7 / 18 / 2020 To	7 / 24 / 2020 Report Type: 20P5							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	n & Checks \$ , , ,0 . <u>00</u>	Expenditures \$ , , _24 . 00							
Loar	ns \$ , , 0.00	Transfers to							
Luai	,,,	Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00								
	·	Total Monetary \$ , , 24 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>14</u> , <u>827</u> . <u>59</u>							
	(44) 0								
		tification on 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:									
(T <sub>2</sub>	(Type name) (Type name)								
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	MATT MILLER				2) I.D. Numbe	er <u>1</u>	655
	7/18/2020		7	/24/2020			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
I I							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name MA	TT	MILLER					 (2) I.D. Nun	nber	-	1655	
		7/18/2	2020		7/24/20	020		-			
(3) Cover Per	riod		1	through	1	1	(4) Page	1	of	1	

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/20/2020	BANK, SUNTRUST 14490 PALM BEACH BLVD FT MYERS, FL 33905	acct anyl fee	MO		\$24.00
1	TT MERCO / TE SESSOS				
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				3	
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