

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy Miller
 Name

(2) P O Box 16278
 Address (number and street)
Tallahassee, FL 32317
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1146824]

Submitted on:
 12/7/2017 10:35:29 (eastern)

Check here if address has changed (3) ID Number: 501

(4) Check appropriate box(es):

Candidate Office Sought: Tallahassee City Commission - Seat 3

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 11 / 1 / 2017 To 11 / 30 / 2017 Report Type: M11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 500 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 34 , 042 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 272 . 50

(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 Nancy Miller (2) I.D. Number 501

(3) Cover Period 11/1/2017 through 11/30/2017 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation				
11/21/2017 / /	Davenport, Christopher ***Protected***	I	real estate	CH			\$250.00
1							
11/21/2017 / /	Croley Inc., Douglas M. P.O. Box 13619 Tallahassee, FL 32317	B	insurance	CH			\$250.00
2							
/ /							
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nancy Miller

(2) I.D. Number 501

(3) Cover Period 11/1/2017 through 11/30/2017

(4) Page 1 of 0

(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					
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