	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Ursula Miller	OFFICE USE ONLY
` '	Name	ONLINE SUBMISSION
(2)	20970 Osprey Circle	Submitted on:
	Address (number and street)	10/12/2018 10:58:40 (eastern)
	Perry, FL 32348  City, State, Zip Code	<u> </u>
		(2) ID Number
	Check here if address has changed	(3) ID Number:156
(4)	Check appropriate box(es):	
	<ul><li>☐ Candidate Office Sought: County Commis</li><li>☐ Political Committee (PC)</li></ul>	sion - District 3
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded
	Party Executive Committee (PTY)	Check here if PTY has disbanded
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed
	(5) Report	Identifiers
Cove	er Period: From $9 / 29 / 2018$ To	10 / 5 / 2018 Report Type: <u>G4</u>
X O	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , _0 . 00
	Ф	
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to Office Account \$
Toto	I Monetary \$ , , 0 . 00	Office Account \$ , , , 0 . 00
Tota	I Monetary \$,,	Total Monetary \$ , 0 . 00
In-Ki	and \$ , , 96.02	Total Monetary
111-171	,,	(8) Other Distributions
		\$ , , 000_
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$ , <u>4</u> , <u>215</u> . <u>40</u>
	(11) Ceri	tification
		on to falsify a public record (ss. 839.13, F.S.)
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:
<b>(</b> T)	ype name)	(Type name)
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)
v		<b>v</b>
_X Sid	gnature	X Signature

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

(1) Name	ula Mille	r			(2	2) I.D. Number		156	
	9/29/20	18		10/5/	2018				
(3) Cover Period	1		through	1	1	(4) Page	1	_ of _	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/30/2018	Miller, Ursula 20970 Osprey Circle  Perry, Fl 32348	S		IK	auto/trave		\$50.0
10/1/2018	Miller, Ursula 20970 Osprey Circle  Perry, Fl 32348	S		IK	auto/trave		\$46.0
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1 1							
/ /							
J I							
1 1							
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Ursula	Miller		200		74 100	 (2) I.D. Nun	nber	1	L56	97
		9/29/20	018		10/5/20	018	. ,				
(3) Cover P	eriod		/	through _	/		 (4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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