CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Nancy Miller	OFFICE USE ONLY ONLINE SUBMISSION						
(0)	Name 168 Key Colony Ct	[1274752]						
(2)		Submitted on:						
	Address (number and street) Daytona Beach Shores, FL 32118	8/8/2022 13:54:40 (eastern)						
	City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 813						
(4)	Check appropriate box(es):							
(-)	☐ Candidate Office Sought: Daytona Beach Shores Mayor ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed							
	(5) Report	dentifiers						
Cov	er Period: From $\frac{4}{2}$ / $\frac{1}{2022}$ To							
	riginal Amendment Sp	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$, , ,000	Monetary						
Loar		Transfers to Office Account \$, , , 0 . 00						
Tota	I Monetary \$, ,000	Total Monetary \$,, _3 . 20						
In-Ki	ind \$,,,000							
		(8) Other Distributions \$, , 000_						
(9)	(9) TOTAL Monetary Contributions To Date \$, 3 , 66							
(T	(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 Deputy Treasurer							
<u>X</u>		<u>X</u>						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nancy Miller (2) I.D. Number 813							
	4/1/2022 od///		4	/30/2022 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Alleidileit	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nancy	Miller					(2) I.D. N	lumber_		813	
	4/1/20)22		4/30/2	022					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(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
4/13/2022	Vintage Paper Co LLC, 3818 S Nova Rd Ste C Port Orange, FL 32127	return labels	МО	Delete	\$3.20
1 4/13/2022	Vintage Paper Co LLC,	return labels	MO	Add	\$0.00
2	3818 S Nova Rd Ste C Port Orange, FL 32127				
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