| | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|-------|---|---|--|--|--|--|--|--|
| (1) | Brian Miller | OFFICE USE ONLY | | | | | | |
| ` , | Name | ONLINE SUBMISSION | | | | | | |
| (2) | 51 Mallard Pond Circle | [1291399] | | | | | | |
| | Address (number and street) | Submitted on: | | | | | | |
| | Crawfordville, FL 32327 | 1/31/2023 17:19:39 (eastern) | | | | | | |
| | City, State, Zip Code | | | | | | | |
| | Check here if address has changed | (3) ID Number:95 | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | |
| | ☐ Candidate Office Sought: County Judge ☐ 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 | Identifiers | | | | | | |
| Cove | er Period: From 9 / 10 / 2022 To | 9 / 23 / 2022 Report Type: G3 | | | | | | |
| □ 0 | | ecial Election Report | | | | | | |
| (6) | | | | | | | | |
| Casl | n & Checks \$,1 , <u>025</u> . <u>00</u> | Monetary | | | | | | |
| Loar | s , , , , | Transfers to Office Account \$, , , 0 . 00 | | | | | | |
| Tota | I Monetary \$,1 , <u>025</u> . <u>00</u> | Total Monetary \$, , 0 . 00 | | | | | | |
| In-Ki | ind \$,,, <u>0</u> .00 | | | | | | | |
| | | (8) Other Distributions \$, , 000 | | | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | | |
| | \$, <u>34</u> , <u>918</u> . <u>76</u> | \$, <u>33</u> , <u>041</u> . <u>47</u> | | | | | | |
| _(T | (11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr gpe name) Individual (only for IE Treasurer Deputy Treasurer | • | | | | | | |
| | electioneering comm.) | | | | | | | |
| X | | _X | | | | | | |
| Si | gnature | Signature | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | rian Mille | er | | | (2 | 2) I.D. Number _ | | 95 | |
|------------------|------------|------|---------|------|-------|------------------|---|----|---|
| | 9/10/2 | 2022 | | 9/23 | /2022 | | | | |
| (3) Cover Period | d / | 1 | through | 1 | 1 | (4) Page | 1 | of | 1 |

| 1004. MR | ou | | | · | (4) Fag | | |
|------------------------------|--|-----------|---------------------------|-----------------------------|--|------|-------------|
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | C Type | (8) ontributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) | (12) Amount |
| 9/22/2022 | Miller, Brian 51 Mallard Pond Cir. Crawfordville, FL 32327 | | attorney | СН | correction - check for \$925.00 to the wakulla | Add | \$925.00 |
| 9/22/2022 | Miller, Brian 51 Mallard Pond Cir. Crawfordville, FL 32327 | I | attorney | СН | correction - check for \$100.00 to the wakulla | Add | \$100.00 |
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|) Cover Period _ | 9/10/2022 9/ /through | /23/2022 _///(4 | 4) Page1 | of | 0 |
|------------------------------|--|--|----------------------------|------|----------------|
| (5) Date (6) Sequence Number | (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) | (11) Amount |
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| DS-DE | 14 / F | P VAS | 1/13 |
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