CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JACQUELYN MCMILLER
Name

(2) 2301 DUPREE STREET
Address (number and street)
FORT MYERS, FL 33916
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate   Office Sought: **MAYOR - CITY OF FORT MYERS**
☐ Political Committee (PC)
☐ 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   ☐ **Check here if no other IE or EC reports will be filed**
   individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 06 / 01 2020   To 06 / 18 2020   Report Type: _____

☑ Original   ☐ Amendment   ☐ Special Election Report

(6)   Contributions This Report

Cash & Checks $ ___ , ___ , 546 . 03

Loans $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

In-Kind $ ___ , ___ , ___ . ___

(7)   Expenditures This Report

Monetary
Expenditures $ ___ , 1 ,320 51

Transfers to
Office Account $ ___ , ___ , ___ . ___

Total Monetary $ ___ , ___ , ___ . ___

(8)   Other Distributions

$ ___ , ___ , ___ . ___

(9)   TOTAL Monetary Contributions To Date
$ ___ , ___ , 546 . 30

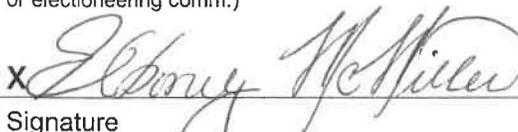**(10)   TOTAL Monetary Expenditures To Date**
$ ___ , 1 , 320 . 51

(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:
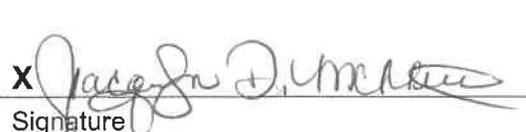
(Type name) **ELBONY MCMILLER**

☐ Individual (only for IE   ☑ Treasurer   ☐ Deputy Treasurer
or electioneering comm.)

X _____
Signature

(Type name) **JACQUELYN MCMILLER**

☑ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS