

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Angelini  
 Name  
 \_\_\_\_\_  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1120119]

Submitted on:  
 8/13/2016 10:42:48 (eastern)

Check here if address has changed

(3) ID Number: 463

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 6 / 2016 To 8 / 12 / 2016 Report Type: P6

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 160 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 160 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , 1 , 997 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , 1 , 997 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 23 , 453 . 81

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 20 , 411 . 68

### (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 Joe Angelini (2) I.D. Number 463

(3) Cover Period 8/6/2016 through 8/12/2016 (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
8/11/2016 / /	Smith, Bonnie 4393 Warren Ave Port Charlotte, FL 33953	I	tax accountant	CH			\$160.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Joe Angelini

(2) I.D. Number 463

(3) Cover Period 8/6/2016 through 8/12/2016

(4) Page 1 of 1

(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					
8/11/2016 / /	Ignite Graffix & Wraps, 18387 Locklane Ave Port Charlotte, FL 33948	signage	MO		\$655.00
1					
8/11/2016 / /	Charlotte Sun, 23170 Harborview Road Charlotte Harbor, FL 33980	advertising	MO		\$1,342.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					