

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Angela Vick  
 Name

(2) Protected  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1201282]

Submitted on:  
 3/7/2020 19:10:33 (eastern)

Check here if address has changed (3) ID Number: 464

(4) Check appropriate box(es):

Candidate Office Sought: Clerk of the Circuit Court

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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 2 / 1 / 2020 To 2 / 29 / 2020 Report Type: M2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

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

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 257 . 10

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 257 . 10

**(8) Other Distributions**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ , 1 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 368 . 40

### (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 Angela Vick (2) I.D. Number 464

(3) Cover Period 2/1/2020 through 2/29/2020 (4) Page 1 of 0

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |

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

(1) Name Angela Vick

(2) I.D. Number 464

(3) Cover Period 2/1/2020 through 2/29/2020

(4) Page 1 of 1

| (5)<br>Date      | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|------------------|--|--|----------------------------|-------------------|----------------|
| 2/3/2020<br>/ /  | Citrus Cnty SOE,<br>1500 N Meadowcrest Blvd<br>Crystal River, FL 34429                         | petition card<br>verification<br>fee                                       | MO                         |                   | \$109.40       |
| 1                |  |  |                            |                   |                |
| 2/3/2020<br>/ /  | Office Max,<br>2673 Gulf to Lake Hwy<br>Inverness, FL 34453                                    | petition cards   | MO                         |                   | \$47.70        |
| 2                |  |  |                            |                   |                |
| 2/17/2020<br>/ / | Foster2Adoption,<br>326 S. Washington St<br>Beverly Hills, FL 34465                            | golf tour<br>sponsor   | MO                         |                   | \$100.00       |
| 3                |  |  |                            |                   |                |
| / /              |  |  |                            |                   |                |
| / /              |  |  |                            |                   |                |
| / /              |  |  |                            |                   |                |
| / /              |  |  |                            |                   |                |
| / /              |  |  |                            |                   |                |