CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Vicki Vargo	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	PO Box 607794	Submitted on:						
	Address (number and street)	10/24/2024 19:50:22 (eastern)						
	Orlando, FL 32800							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 1220						
(4)	Check appropriate box(es):							
		Conservation Dist. Supervisor Seat 2						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		☐ 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						
Cove		10 / 18 / 2024 Report Type: G5						
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
1-1		Monetary						
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , 500 . 00						
Loar	ns \$,, <u>0</u> .00	Transfers to						
		Office Account \$, , 0 . 00						
Tota	ıl Monetary \$, , 0 . <u>00</u>							
		Total Monetary \$, , <u>500</u> . <u>00</u>						
In-Ki	ind \$,,,000							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,9_, _16500	\$,9 ,18103						
		·						
(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:								
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Vicki Vargo			(2) I.D. Number 1220					
	10/5/2024	4.4.000	1	0/18/2024			. 0		
(3) Cover Per	iod / /	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
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1 1									

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name <u>Vi</u>	cki	Vargo					 (2) I.D. Nun	nber	1	L220	-
		10/5/2	024		10/18/2	2024					
(3) Cover Per	iod	1	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
10/18/2024	Hometown News, P.O. Box 850 Fort Pierce, FL 35954	messaging	MO		\$500.00
1				-	
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