CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Bruce E. Vickers	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	4528 Reaves Road	Submitted on:					
	Address (number and street)	8/8/2019 12:08:20 (eastern)					
	Kissimmee, FL 34746						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:369					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Tax Collector						
	Political Committee (PC)	Charle have if DC as ECO has dishanded					
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ 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) Papart	Idantifian					
Cove		: Identifiers					
	er Period: From $\frac{7}{2}$ / $\frac{1}{2}$ / $\frac{2019}{2019}$ To						
<u>X</u> 0	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	ļ	Monetary					
Casl	h & Checks \$, , _50 . 00	Expenditures \$, , 0 . 00					
	*						
Loar	ns \$,, <u>0</u> .00	Transfers to					
	6 FO OO	Office Account \$, , , 0 . 00					
Tota	Il Monetary \$,, _50 . 00	T-t-1 Manatani, d					
	* 77 22	Total Monetary \$, , 0 . 00					
In-Ki	ind \$,, <u>77</u> . <u>22</u>						
		(8) Other Distributions					
_		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>1</u> , <u>050</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>					
	(11) Cert						
	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)					
X		X					
Si	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number						
	7/1/2019		7	/31/2019	<i>(</i> () 5	sa 1	w e 1		
(3) Cover Perio	od///	— thre	ougn	<i>i i</i>	(4) Pag	je <u>-</u>	or _		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9) Contribution	(10)	(11)	(12)		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
7/5/2019 / /	Smith, Ana D 2306 Indian Mound Trail Kissimmee, FL 34746	Ĩ		СН	61		\$50.0		
1									
7/5/2019 / /	Vickers, Bruce E 4528 Reaves Road Kissimmee, FL 34746	S	candidate	IK	campaign supplies		\$77.2		
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) Name Bruce	7/1/2019 7,	(2	2) I.D. Number	r	369
) Cover Period	/through		4) Page <u>1</u>	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)
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							