

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy Sikes-Kline  
 Name

(2) 15 Miruela Ave.  
 Address (number and street)  
St. Augustine, FL 32080  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1268146]

Submitted on:  
 7/8/2022 10:49:32 (eastern)

Check here if address has changed

(3) ID Number: 1218

(4) Check appropriate box(es):

- Candidate Office Sought: City of St. Aug. Comm - Seat 3/Mayor
- 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 6 / 18 / 2022 To 7 / 1 / 2022 Report Type: P2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 100 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 457 . 99

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 457 . 99

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 5 , 800 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 884 . 17

### (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 Nancy Sikes-Kline (2) I.D. Number 1218

6/18/2022 through 7/1/2022

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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
6/28/2022 / /	Williams, Janis PO BOX 3404 St. Augustine , FL 32085	I	retired	CH			\$100.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Nancy Sikes-Kline

(2) I.D. Number 1218

(3) Cover Period 6/18/2022 through 7/1/2022

(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
6/21/2022 //	Chamber of Commerce, St. Johns County 100 Southpark Blvd Suite 405-406 St. Augustine , FL 32086	event registration fee	MO		\$250.00
1					
6/22/2022 //	, Kram Kran Photo 000 Bay Jacksonville, FL 32000	photos	MO		\$200.00
2					
6/30/2022 //	Solutions, Network 5335 Gate Pkwy Jacksonville , FL 32256	website	MO		\$7.99
3					
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