

## 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**  
 [1275483]

Submitted on:  
 8/11/2022 15:23:50 (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 7 / 30 / 2022 To 8 / 5 / 2022 Report Type: P6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 600 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 600 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 49 . 94

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 49 . 94

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 9 , 450 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 4 , 489 . 11

### (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

(3) Cover Period 7/30/2022 through 8/5/2022 (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) Sequence Number		Type	Occupation				
7/30/2022 / /	Stevenson, Cyndi D PO BOX 600726 St. Johns, FL 32260	I	state representa tive	CH			\$250.00
1							
7/30/2022 / /	Greenberg, Rebecca Hamilton 3 Saint Andrews Ct St. Augustine, FL 32084	I	retired	CH			\$100.00
2							
8/5/2022 / /	Saviak, Joe 94 Dolphin Dr St. Augustine, FL 32080	I	consultant	CH			\$250.00
3							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Nancy Sikes-Kline

(2) I.D. Number 1218

(3) Cover Period 7/30/2022 through 8/5/2022

(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
7/30/2022 / / 1	Staples, 1775 US Hwy 1 S. Ste. 1781 St. Aygustine, FL 32084	supplies	MO		\$38.64
8/5/2022 / / 2	Stripe, 185 Berry St Ste 550 San Francisco , CA 94107	fee	MO		\$11.30
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