

2012

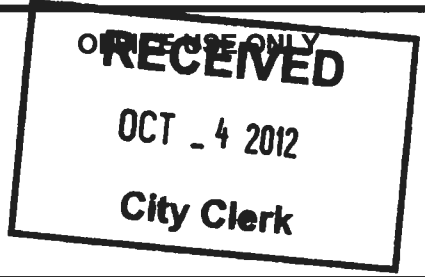
FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

Jax Beach

(1) Phil Vogelsang
Name

(2) 1867 2nd St. S.
Address (number and street)

JAX BEACH, FL 32250
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: N/A

(4) Check appropriate box(es):

Candidate (office sought): City of Jacksonville Beach - City Council, At-Large, seat 2

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9 / 15 / 2012 To 09 / 28 / 2012 Report Type 2012 G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1464.51

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 12,675

(10) TOTAL Monetary Expenditures To Date

\$ 7944.67

(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.

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(Type name) RAYMOND GOETHE
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Phil Vogelsang
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number _____ N/A

(3) Cover Period 09 / 15 / 2012 through 09 / 28 / 2012 (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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____ N/A

(3) Cover Period 9 / 15 / 2012 through 09 / 28 / 2012

(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
9 / 20 / 12	US Post Office 3000 Spring Park Rd JAX, FL 32207	Postage	Debit		\$55.80
1					
9 / 27 / 12	Wiminy Concepts 950-19 Harding Blvd Orange Park, FL 32065	Signage	chk		\$481. ⁵⁰
2					
9 / 28 / 12	Phil Vogel/sang 1867 2nd St S JAX Beach, FL 32250	Food for meeting	chk		\$88. ⁴¹
3					
10 / 2 / 12	Voices, Votes & Victories 7247 Holiday Rd N. Jax, FL 32216	signage	chk		\$838. ⁸⁰
4					
1 / 1					
1 / 1					
1 / 1					
1 / 1					