

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

(1) ALBERT HICKEY
Name

(2) Exempt Address
Address (number and street)
Port St. Lucie, FL 34952
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Mayor of Port St. Lucie
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8 / 20 / 10 To 11 / 22 / 10 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>250.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>314.78</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>645.02</u>
Transfers to Office Account	\$	_____
Total Monetary	\$	<u>645.02</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 5,955.00

(10) TOTAL Monetary Expenditures To Date
\$ 5,955.00

(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) Christine D'Occhio

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Christine D'Occhio
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Albert Hickey

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Albert Hickey
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ALBERT HICKEY (2) I.D. Number _____
 (3) Cover Period 08 / 20 / 10 through 11 / 22 / 10 ^{CD} (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
08 / 26 / 10	JJ Grafix 2906 SW 96th Street Stuart, FL 34997	final payment for placemat advertising	DIS		\$250.00
1					
08 / 23 / 10	South Florida Affiliate of Susan G. Komen Foundation 1309 N. Flagler Dr. -5th Fl. West Palm Beach, Fl 33401 Good Samaritan Med. Cntr.	Donation of unused campaign funds	DIS		\$395.02
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