

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

(1) ALBERT HICKEY
Name

(2) Exempt Address
Address (number and street)
Port Saint Lucie, Florida 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 Saint Lucie
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 20 / 10 To 11 / 22 / 10 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00

Loans \$ 0.00

Total Monetary \$ 250.00

In-Kind \$ 314.78

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 645.02

Transfers to Office Account \$ 0.00

Total Monetary \$ 645.02

(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 CONTRIBUTIONS

(1) Name ALBERT HICKEY (2) I.D. Number _____

(3) Cover Period 08 / 20 / 10 through 11 / 22 / 10 (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 |
|--------------|--|---|-------------------------|-----------------------------|---------------------------------------|-------------------|----------------|
| 08 / 22 / 10 | Christine D'Occhio 2881 Se Rawlings Road PSL, FL 34952 | I | retired | INK | supplies for primary party | | \$65.87 |
| 1 | | | | | | | |
| 08 / 22 / 10 | Christine D'Occhio 2881 Se Rawlings Road PSL, FL 34952 | I | retired | INK | wood for signs | | \$48.97 |
| 2 | | | | | | | |
| 08 / 24 / 10 | Late Night-Kirk 7370 S. US Hwy 1 PSL, FL 34952 | B | Bar owner | INK | outdoor site for primary par | | \$200.00 |
| 3 | | | | | | | |
| 09 / 22 / 10 | City of PSL 121 SW PSL Blvd. PSL, FL 34984 | B | sign permit dept. | REF | | | \$250.00 |
| 4 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ALBERT HICKEY

(2) I.D. Number _____

(3) Cover Period 08 / 20 / 10 through 11 / 22 / 10

(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) Sequence Number | | | | | |
| 08 / 26 / 10 | JJ Grafix 2906 SW 96th Street Stuart, FL 34997 | final payment for placemat advertising | DIS | | \$250.00 |
| 1 | | | | | |
| 9 / 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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