	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Kaysia Monica Earley	OFFICE USE ONLY							
(· /	Name	ONLINE SUBMISSION							
(2)	P.O. Box 451832	[1271469]							
	Address (number and street)	Submitted on:							
	Sunrise, FL 33345	7/27/2022 11:19:45 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:848							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: County Court	Judge, Grp. 26							
	Political Committee (PC)								
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(E) D	L.L. cer							
(5) Report Identifiers									
	er Period: From 3 / 1 / 2022 To								
□ 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cash	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , , 0 . 00							
	c 0.00								
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
T-4-	\$ 0.00	Office Account \$, , , 0 . 00							
rota	I Monetary \$, , 000	Total Monetary \$. 0 . 00							
	c 0 00	Total Monetary \$, , 0 . 00							
In-Ki	ind \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>26</u> , <u>329</u> . <u>00</u>							
	(11) Cert It is a first degree misdemeanor for any pers	tification							
		, , , ,							
I certify that I have examined this report and it is true, correct, and complete:									
(T	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	sia Monic	a Earl	ey		(2	2) I.D. Number _		848	
	3/1/202	2		3/31/	2022				
(3) Cover Period	1	F	through	/	1	(4) Page	1	$_$ of $_^1$	

(3) Cover Ferri	Ju				(4) Fa		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
3/16/2022	Godly Electrical Services, 4712 NW 2nd Place Plantation, FL 33317	İ	business owner	СН		Delete	\$1,000.0
3/16/2022 / /	Godly Electrical Services, 4712 NW 2nd Place Plantation, FL 33317	В	business owner	СН		Add	\$1,000.00
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1 1							
1 1							
J I							
1 1							
1 1							

	Monica Earley 3/1/2022 3	/31/2022	(2) I.D. Number848			
) Cover Period _	/through		4) Page <u>1</u>	of	0	
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)	
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount	
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