

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kelli Glass Leighton  
 Name  
 (2) PO Box 1493  
 Address (number and street)  
Stuart, FL 34995  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1218448]  
 Submitted on:  
 7/21/2020 08:29:59 (eastern)

Check here if address has changed (3) ID Number: 220

(4) Check appropriate box(es):  
 Candidate Office Sought: Property Appraiser  
 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 6 / 13 / 2020 To 6 / 26 / 2020 Report Type: P2  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 26 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 26 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 65 , 016 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 21 , 511 . 04

### (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 Kelli Glass Leighton (2) I.D. Number 220

6/13/2020 through 6/26/2020

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Kelli Glass Leighton

(2) I.D. Number 220

(3) Cover Period 6/13/2020 through 6/26/2020

(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					
6/22/2020 / /	INC, SQUARESPACE 225 VARICK STREET NEW YORK, NY 10014	website fee	MO	Add	\$26.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					