

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Albert Kelley  
 Name

(2) 926 Truman Ave  
 Address (number and street)

Key West, FL 33040  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1249574]

Submitted on:  
 10/1/2021 14:05:25 (eastern)

Check here if address has changed

(3) ID Number: 494

(4) Check appropriate box(es):

- Candidate Office Sought: County Judge, Group 1
- 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 9 / 1 / 2021 To 9 / 30 / 2021 Report Type: M9

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 \$        ,        , 60 . 80

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 60 . 80

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 55 , 400 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 865 . 56

### (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 Albert Kelley (2) I.D. Number 494

9/1/2021 through 9/30/2021

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

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |
| / /         |  |                                       |  |                             |                                |                   |                |

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

(1) Name Albert Kelley

(2) I.D. Number 494

(3) Cover Period 9/1/2021 through 9/30/2021

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 9/30/2021<br>//<br>1      | Supervisor of Elections,<br>530 Whitehead St.<br>#101<br>Key West, FL 33040                    | verification of<br>petitions   | MO                         |                   | \$60.80        |
| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
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