

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

(1) Albert B. Moore
Name
(2) 9500 Portside Drive
Address (number and street)
Ft Pierce, FL 34945
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1058094]
Submitted on:
1/7/2014 14:43:46 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 225

(4) Check appropriate box(es):
 Candidate (office sought): County Court Judge, Group 4
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS
 Cover Period: From 12/1/2013 To 12/31/2013 Report Type M12
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>100.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>100.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>25.56</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>25.56</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 4,125.00

(10) TOTAL Monetary Expenditures To Date
\$ 3,172.71

(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) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Albert B. Moore (2) I.D. Number 225
 12/1/2013 through 12/31/2013
 (3) Cover Period / / through / / (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
12/17/2013 / /	Shepherd, Runell and James 2005 Wahalaw Nene Tallahassee, FL 32301	I	retired	CH			\$100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Albert B. Moore

(2) I.D. Number 225

(3) Cover Period 12/1/2013 through 12/31/2013

(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					
12/9/2013 //	Aztec Graphix, 3343 S. U.S. 1 Ft. Pierce, FL 34982	name tag badges	MO		\$25.56
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