CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Harold Albury, III	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	203 S 31st St	Submitted on:							
	Address (number and street) Fort Pierce, FL 34947	9/26/2020 16:00:26 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 499							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: City of Fort Pierce, Mayor</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	dentifiers							
Cove	er Period: From 9 / 5 / 2020 To	9 / 18 / 2020 Report Type: G3							
X O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , ,000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota In-Ki	I Monetary \$,,,00  Ind \$ , , 0 . 00	Total Monetary \$ , , _11 . <u>88</u>							
III-KI	TIU	(8) Other Distributions \$ , , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(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									
X Si	gnature	X Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name			(2) I.D. Number							
9/5/2020		9/18/2020								
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	<b>e</b> 1	of 0			
1000 MB			1440							
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)			_						
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	N			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount			
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	Harold	Albury	III				 (2) I.D. Num	ber	4	199	30
		9/5/202	0		9/18/2	020		-			
(3) Cover P	eriod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/9/2020	Blue, Act PO box 441146	service fee	MO		\$11.88
1	Somerville, MA 02144			5	
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