

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

(1) ONI T. ALLEN
Name
 (2) 377 NW SENIOR CT
Address (number and street)
LAKE CITY, FL 32055
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1040129]
 Submitted on:
 7/25/2012 19:52:56 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1101

(4) **Check appropriate box(es):**
 Candidate (office sought): COUNTY COMMISSION DIST 1
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/7/2012 To 7/20/2012 Report Type F2
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 42.00
 Loans \$ 958.00
 Total Monetary \$ 1,000.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 127.60
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 127.60

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 6,050.00

(10) TOTAL Monetary Expenditures To Date
 \$ 4,975.91

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(1) Name ONI T. ALLEN (2) I.D. Number 1101

7/7/2012 through 7/20/2012

(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
7/18/2012 / /	Allen, Oni 377 NW Senior Ct. Lake City, FL 32055	I	sub- bus driver	LO			\$958.00
1							
7/19/2012 / /	Hart , Rusty 6596 NW US 41 Lake City, FL 32055	I	voc. tech. teacher	CA			\$40.00
2							
7/16/2012 / /	Bradley, Al Magnolia St. Lake City, FL 32055	I	disabilty	CA			\$2.00
3							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ONI T. ALLEN

(2) I.D. Number 1101

(3) Cover Period 7/7/2012 through 7/20/2012

(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					
7/18/2012 / /	Hunter, Printing Lake City, FL 32055	t-shirt	MO		\$127.60
1					
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