

**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
 [1040753]
 Submitted on:
 7/27/2012 12:11:02 (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	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>9.98</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>9.98</u>

(8) Other Distributions
 \$ 0.00

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

(10) TOTAL Monetary Expenditures To Date
 \$ 4,985.89

(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 ONI T. ALLEN **(2) I.D. Number** 1101

7/7/2012 7/20/2012

(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
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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					
7/7/2012 //	Carousel , Check Brideview, IL	order check	MO	Add	\$9.98
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