

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Omega Allen
 Name
 (2) P.O. Box 28564
 Address (number and street)
Jacksonville, FL 32226
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1297443]
 Submitted on:
 6/12/2023 20:01:02 (eastern)

Check here if address has changed

(3) ID Number: 1093

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 5 / 1 / 2022 To 5 / 31 / 2022 Report Type: M5

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 \$, , 124 . 61

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 124 . 61

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 23 , 093 . 16

(10) TOTAL Monetary Expenditures To Date

\$, 20 , 998 . 66

(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 Omega Allen (2) I.D. Number 1093

5/1/2022 through 5/31/2022

(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 Omega Allen

(2) I.D. Number 1093

(3) Cover Period 5/1/2022 through 5/31/2022

(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					
5/11/2022 / /	Perfect Golf Event, 9889 Gate Pkwy N. Ste 301 Jacksonville, FL 32246	advertising	MO	Delete	\$100.00
1					
5/11/2022 / /	Perfect Golf Event, 9889 Gate Pkwy N. Ste 301 Jacksonville, FL 32246	advertising	MO	Add	\$119.67
2					
5/5/2022 / /	Office Max, 13275 City Square Drive Jacksonville, FL 32218	petition envelopes	MO	Add	\$104.94
3					
/ /					
/ /					
/ /					
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