

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tamara Bibb Allen
 Name
 (2) 1204 Gulf Ave.
 Address (number and street)
Carrabelle, FL 32322
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1157772]
 Submitted on:
 6/25/2018 09:14:05 (eastern)

Check here if address has changed

(3) ID Number: 189

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission Dist. 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 1 / 2018 To 6 / 22 / 2018 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 550 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 550 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 2 , 336 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 1 . 60

(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 Tamara Bibb Allen (2) I.D. Number 189
 (3) Cover Period 6/1/2018 through 6/22/2018 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
6/9/2018 / /	Edwards, Frances H P. O. Box 405 Eastpoint, FL 32328	I	retired	CH			\$100.00
1							
6/9/2018 / /	Long, Ada White 316 Cook Street St. George Island, FL 3228	I	retired	CH			\$200.00
2							
6/9/2018 / /	Allen, Steve W P. O Box 1089 Carrabelle, FL 32322	I	consultant	CH			\$100.00
3							
6/9/2018 / /	Butz, Barbara A 1220 Natural Bridge Road Tallahassee, FL 3235	I		CH			\$100.00
4							
6/18/2018 / /	Hogan, Marilyn J P. O. Box 1003 Eastpoint, FL 3328	I	retired	CH			\$50.00
5							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tamara Bibb Allen

(2) I.D. Number 189

(3) Cover Period 6/1/2018 through 6/22/2018

(4) Page 1 of 0

(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					
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