	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Tamara Bibb Allen	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1165403]							
(2)	1204 Gulf Ave.	Submitted on:							
	Address (number and street) Carrabelle, FL 32322	8/5/2018 12:52:37 (eastern)							
	City, State, Zip Code								
	☐ 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) 								
	(5) Report	dentifiers							
Cove	er Period: From 7 / 21 / 2018 To								
	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , <u>200</u> . <u>00</u>	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>200</u> . <u>00</u>	Total Monetary \$. 0 . 00							
In-Ki	and \$,, <u>0</u> .00	Total Monetary \$, , 0 . 00							
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$, , 160							
(T		tification on to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number								
	7/21/2018 od//		7	7/27/2018				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount	
7/23/2018	David, Susan 637 Mariner Circle Alligator Point, FL 32346	I	retired	СН		Add	\$100.0	
7/23/2018	Stone, D'Ann 7273 Danbury Way Clearwater, FL 33764	I	retired	СН		Add	\$100.0	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Tamara	Bibb	Allen	As a			 (2) I.D. Nun	nber	1	L89	and and
		7/21/	2018		7/27/2	018					
(3) Cover P	eriod	/_		through _	/		 (4) Page	1	of	0	

(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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