

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lisa Allen  
 Name  
 \_\_\_\_\_  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1171303]

Submitted on:  
 9/6/2018 21:31:24 (eastern)

Check here if address has changed (3) ID Number: 1566

(4) Check appropriate box(es):

Candidate Office Sought: County Court Judge, Grp. 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

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

### (5) Report Identifiers

Cover Period: From 8 / 24 / 2018 To 8 / 31 / 2018 Report Type: G1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 500 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , 1 , 814 . 80

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , 1 , 814 . 80

**(8) Other Distributions**  
 \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ , 29 , 360 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ , 27 , 811 . 56

### (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     Lisa Allen     (2) I.D. Number     1566      
 (3) Cover Period     8/24/2018     through     8/31/2018     (4) Page     1     of     1    

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|--------------------|------------|---------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  | Type               | Occupation | Type                |                                |                   |                |
| 8/30/2018<br>/ /          | Schmidt, Terrance<br>503 Riverside Ave.<br>Suite 903<br>Jacksonville, FL 32202                 | I                  | attorney   | CH                  |                                |                   | \$500.00       |
| 1                         |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |
| / /                       |  |                    |            |                     |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lisa Allen

(2) I.D. Number 1566

(3) Cover Period 8/24/2018 through 8/31/2018

(4) Page 1 of 1

| (5)<br>Date     | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-----------------|--|--|----------------------------|-------------------|----------------|
| 8/30/2018<br>// | Stripe,<br>185 Berry St.<br>Ste. 550<br>San Francisco, CA 94107                                | payment<br>processing fees   | MO                         |                   | \$14.80        |
| 1               |  |  |                            |                   |                |
| 8/30/2018<br>// | Palma Ceia Golf and<br>Country Cl,<br>1601 S. MacDill Ave.<br>Tampa, FL 33629                  | food and drinks  | MO                         |                   | \$1,500.00     |
| 2               |  |  |                            |                   |                |
| 8/30/2018<br>// | Fender, Stacy<br>11740 Lipsey Rd.<br>Tampa, FL 33618   | campaign<br>manager  | MO                         |                   | \$275.00       |
| 3               |  |  |                            |                   |                |
| 8/31/2018<br>// | Bank of Tampa, Bank<br>601 Bayshore Blvd.<br>Tampa, FL 33606                                   | bank service<br>charge   | MO                         |                   | \$25.00        |
| 4               |  |  |                            |                   |                |
| //              |  |  |                            |                   |                |
| //              |  |  |                            |                   |                |
| //              |  |  |                            |                   |                |
| //              |  |  |                            |                   |                |
| //              |  |  |                            |                   |                |