

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sabrina M Allen

Name

(2) 9513 Shumard Dr

Address (number and street)

Tallahassee, FL 32305

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 689

OFFICE USE ONLY

ONLINE SUBMISSION

[1264751]

Submitted on:

6/20/2022 15:44:03 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Leon County Commission - District 2

☐ 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 6 / 1 / 2022 To 6 / 17 / 2022 Report Type: 22P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, 7 , 000 . 00

Loans \$, , 0 . 00

Total Monetary \$, 7 , 000 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 3 , 357 . 80

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 3 , 357 . 80

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 7 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 357 . 80

(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 Sabrina M Allen (2) I.D. Number 689
 (3) Cover Period 6/1/2022 through 6/17/2022 (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
6/13/2022 / /	Allen, Sabrina M 9513 Shumard Drive Tallahassee, FL 32305	I	educator	CH			\$7,000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sabrina M Allen (2) I.D. Number 689
 (3) Cover Period 6/1/2022 through 6/17/2022 (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
6/15/2022 / /	Allen, Sabrina M 9513 Shumard Drive Tallahassee, FL 32305	qualifying fee	MO		\$3,357.80
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