

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

OFFICE USE ONLY
ONLINE SUBMISSION
 [1287565]

Submitted on:
 11/10/2022 11:58:08 (eastern)

Check here if address has changed (3) ID Number: 689

(4) Check appropriate box(es):
 Candidate Office Sought: Leon County Commission - District 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 8 / 23 / 2022 To 11 / 21 / 2022 Report Type: 22T3
 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 \$, 2 , 612 . 07
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, 2 , 612 . 07

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

(9) TOTAL Monetary Contributions To Date
 \$, 7 , 025 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 7 , 025 . 00

(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

8/23/2022 through 11/21/2022

(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 Sabrina M. Allen

(2) I.D. Number 689

(3) Cover Period 8/23/2022 through 11/21/2022

(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
11/10/2022 / /	Allen, Sabrina M. 9513 Shumard Drive Tallahassee, FL 32305	repayment of loan i made to myself	MO		\$2,612.07
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