CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Darby Allen	OFFICE USE ONLY						
Name (2) 6331 NW 85th Pl	ONLINE SUBMISSION [1236442]						
(2) 6331 NW 85th Pl Address (number and street)	Submitted on:						
Chiefland, FL 32626	10/27/2020 05:32:34 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>266</u>						
(4) Check appropriate box(es):							
Candidate Office Sought: School Board	Dist. 2						
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	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 / 14 / 2020 To	<u>11</u> / <u>16</u> / <u>2020</u> Report Type: <u>TRP</u>						
Original Amendment Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 00	Expenditures \$,, <u>71</u> .34						
Loans \$,,0.00	Transfers to						
	Office Account \$,,0 . 00						
Total Monetary \$,,,0 00							
	Total Monetary \$, , , <u>71</u> . <u>34</u>						
In-Kind \$,, 00							
	(8) Other Distributions \$, , 0.00						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>5</u> , <u>920</u> · <u>00</u>	\$, <u> 5 </u> , <u> 920</u> . <u> 00 </u>						
(11) Cer	l tification						
(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)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>x</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number					
8/14/2020			1	11/16/2020					
(3) Cover Perio	od / /	thro	ough	11	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	Co	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1 1									
1 1	_								
1 1	-								
1 1	-								
1 1									
1 1	_								
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Darby Allen (2) I.D. Number 2					
(3) Cover Perio	8/14/2020 d//through	11/16/2020 //	4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
9/9/2020 1	CVS, 2137 N Young Blvd. Chiefland, FL 32626	thank you cards	МО		\$25.64
10/20/2020 / / 2	Allen, Darby 6331 NW 85th Place Chiefland, FL 32626	refund	RE		\$45.7(
_ / /					
_ / /					
//					
//					
_/ /					
_/ /					
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES