

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Faye Allen

Name

(2) P.O. Box 617276

Address (number and street)

Orlando, FL 32861

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 188

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Judge Group 3

☐ 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

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ONLINE SUBMISSION
[1208689]

Submitted on:
6/6/2020 14:26:14 (eastern)

(5) Report Identifiers

Cover Period: From 4 / 25 / 2020 To 7 / 23 / 2020 Report Type: TRQJ

☒ 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 \$, , 500 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 500 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 6 , 572 . 88

(10) TOTAL Monetary Expenditures To Date

\$, 6 , 572 . 88

(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 Faye Allen **(2) I.D. Number** 188
(3) Cover Period 4/25/2020 through 7/23/2020 **(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 Faye Allen

(2) I.D. Number 188

(3) Cover Period 4/25/2020 through 7/23/2020

(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
6/6/2020 //	Allen, Faye POB 617276 Orlando, FL 32861	campaign close out- refund.	RE		\$500.00
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