

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Robert F. Allen

**Name**

(2) 1352 Trimaran Pl, New Port Richey, FL 34655

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**

Candidate (office sought): CDD Heritage Springs, Seat 1

Political Committee

**CHECK IF PC HAS DISBANDED**

Committee of Continuous Existence

**CHECK IF CCE HAS DISBANDED**

Party Executive Committee

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/1/2006 To 10/19/2006 Report Type TR-Q

Original     Amendment     Special Election Report     Independent Expenditure 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    \$    100.00

Transfers to Office Account    \$    0.00

Total Monetary    \$    100.00

(8) Other Distributions    \$    0.00

**(9) TOTAL Monetary Contributions To Date**

\$    100.00

**(10) TOTAL Monetary Expenditures To Date**

\$    100.00

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert F. Allen (2) I.D. Number 66

7/1/2006 through 10/19/2006

(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 Robert F. Allen

(2) I.D. Number 66

(3) Cover Period 7/1/2006 through 10/19/2006

(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) Sequence Number					
7/31/2006 //	Pasco Elections, P. O. Box 300 Dade City, FL 33526	petition search	MO		\$1.70
1					
7/31/2006 //	Allen, Robert F 1352 Trimaran Place Trinity, FL 34655	repayment of loan	MO		\$98.30
2					
//					
//					
//					
//					
//					