CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Steven Christopher Allen	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	3402 SW Ellis Street	Submitted on:							
	Address (number and street)	9/6/2018 17:07:15 (eastern)							
	Port St. Lucie, FL 34953  City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 364							
(4)	_	(3) 12 (4)							
(+)	Check appropriate box(es):  Candidate Office Sought: School Board, District 1  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							
Cove	er Period: From 8 / 24 / 2018 To	11 / 26 / 2018 Report Type: TR-PR							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , ,000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,,	Total Monetary \$ , , <u>452</u> . <u>80</u>							
In-Ki	ind \$	(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$,16, _47000								
(T	(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								
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Steven Christopher	Allen			2) I.D. Numbe	er3	64
	8/24/2018 od///		1	1/26/2018 //	(4) Pag	e1	of _0
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) ontributor	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1 1							
1 1							
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J I							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Steven	Christ	opher	Allen			 (2) I.D. Nur	nber	3	364	
		8/24/2	018		11/26/	2018		-			
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/6/2018	Allen, Steven Christopher 3402 SW Ellis St Port St Lucie, FL 34953	repayment of loan	RE		\$452.80
1	POIL St Lucie, FL 34953				
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DS-DE 14 (Rev					