CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Mark Allyn Young	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1172841]						
(2) 2830 Rainbow Drive	Submitted on:						
Address (number and street) Fort Pierce, FL 34981	9/18/2018 14:48:01 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>369</u>						
(4) Check appropriate box(es):							
<ul> <li>Candidate Office Sought: <u>School Board</u>, <u>District 3</u></li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>							
(5) Report Identifiers							
Cover Period: From <u>9</u> / <u>1</u> / <u>2018</u> To	9 / <u>14</u> / <u>2018</u> Report Type: <u>G2</u>						
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , , 000	Monetary Expenditures \$ , , <u>900</u> . <u>00</u>						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to         Office Account       \$						
Total Monetary       \$	Total Monetary \$ , , <u>900</u> . <u>00</u>						
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>4</u> , <u>217</u> . <u>00</u>	\$,4_,94						
(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	_X						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name <u>Mark Allyn Young</u>				(2) I.D. Number				
	9/1/2018			/14/2018		7	0		
(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	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

(1) Name Mark	CAMPAIGN TREASURER' Allyn Young	(2	EXPENDIT 2) I.D. Number	369	
(3) Cover Period	9/1/2018 <i>I</i> through_	9/14/2018	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
	Young, Mark 2830 Rainbow Drive Fort Pierce, FL 34981	repayment of loan to campaign	MO		\$900.00
_/ /					
_/ /					
_/ /					
_/ /					
11					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES