CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Mark Allyn Young	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1156608]						
(2) 2830 Rainbow Drive	Submitted on:						
Address (number and street) Fort Pierce, FL 34981	6/9/2018 15:33:11 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 369						
(4) Check appropriate box(es):							
Candidate Office Sought: <u>School Board</u> ,	District 3						
Political Committee (PC)							
	Check here if PC or ECO has disbanded Check here if PTY has disbanded						
Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>201</u> 8 To	5 / <u>31</u> / <u>2018</u> Report Type: <u>M5</u>						
☑ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$,, 29 . 00						
\$ 0.00	Transform						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,0 . 00						
Total Monetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·						
	Total Monetary \$, , 29.00						
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·						
	(8) Other Distributions						
	\$,, <u> 0 00 </u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>500</u> . <u>00</u>	\$,, <u>248</u> . <u>56</u>						
(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	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Mark Allyn Young	(2) I.D. Number					69	
	5/1/2018			5/31/2018				
(3) Cover Peri	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 &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	-							
1	-							
							, , , , , , , , , , , , , , , , , , , ,	
1 1	_							
		2						
1 1	-							
1 1	-							
1 1	_							
1 1								
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Mark	CAMPAIGN TREASURER' Allyn Young) EXPENDIT 2) I.D. Number	369	
(3) Cover Period	5/1/2018 <i>I</i> through_	5/31/2018 //(4	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
	Campaign Partner, PO Box 118 Still River, MA 01467	website	МО		\$29.00
_/ /					
_/ /					
_/ /					
_/ /					
11					
11					

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