

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Allen Green
 Name

(2) 6093 Sabal Brook Way
 Address (number and street)

Port Orange, FL 32128
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1110949]

Submitted on:
 7/4/2016 10:33:07 (eastern)

Check here if address has changed (3) ID Number: 355

(4) Check appropriate box(es):

Candidate Office Sought: County Council Member, District 3

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 1 / 2016 To 6 / 30 / 2016 Report Type: M6

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 \$, , 60 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 60 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, , 60 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 60 . 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:

(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 Allen Green (2) I.D. Number 355

(3) Cover Period 6/1/2016 through 6/30/2016 (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 Allen Green

(2) I.D. Number 355

(3) Cover Period 6/1/2016 through 6/30/2016

(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					
6/30/2016 / /	Green, Allen 6093 Sabal Brook Way Port Orange, FL 32128	refund loan	RE		\$60.00
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