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

(1) JOE ALLEN	(2) JOE ALLEN		
Candidate, Committee or Party Name	I.D. Number		
(3) 800 EMMA ST #212	KEY WEST FL 33040		
Address (number and street)	City State Zip Code		
Check box if address has changed since	last report		
(4) Check appropriate box(es):			
Candidate (office sought):	HOOL BOARD MEMBER DIST. 1		
Political Committee	Check if PC has DISBANDED		
Committee of Continuous Existence	Check if CCE has DISBANDED		
Party Executive Committee			
(5) REPORT	IDENTIFIERS		
Cover Period: From 7/29/2006 To	B/11/2006 Report Type: F2		
Original Amendment Special Elect	tion Report Independent Expenditure Report		
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT		
Cash & Checks \$0.00	Monetary Expenditures \$92.16		
Loans \$1,000.00	Transfers to Office 0.00		
Total Monetary \$1,000.00	Total Monetary \$92.16		
In-Kind \$0.00	(8) Other Distributions \$0.00		
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date		
\$ 2,500.00	\$1,249.09		
(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		
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman (PC/PTY only)		
Χ	Χ		
Signature	Signature		

CAMPAIGN	TREASURER'S	RFPORT -	ITFMI7FD	CONTRIBUTIONS
CAMIAIGN	INLASUNEN S	KEI OKI –		CONTRIDUTIONS

(1)	Name
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 (1) Name ______ JOE ALLEN
 (2) I.D. Number ______ JOE ALLEN

(3) Cover Peri	od <u>7/29/2006</u> through	8/	11/2006	(4)	Page	1of	1
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)	Co	ntributor				
Sequence Number	Street Address & City, State, Zip Code		Occupation	Contribution Type	In-kind Description	Amendment	
8/8/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	I	Retired Teacher	LOA			1,000.00
1							
DS-DE 13 (7/98	B) SEE REVERSE I	OR IN	ISTRUCTIO	 NS AND CO	DE VALUES		

(1)	Name _
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JOE ALLEN

_____ (2) I.D. Number ______

(3) Cover Period <u>7/29/2006</u> through <u>8/11/2006</u> (4) Page <u>1</u> of <u>1</u>

(5)	(7)	(8)	(9)	(10)	(11)
Date(6)SequenceNumber	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
8/2/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Address Labels	MON		1.01
1					
8/8/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Voter Labels	MON		46.15
2					
8/8/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Voter Addresses/Disk	MON		5.00
3					
8/8/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Typing/Candidate Questionaire	MON		40.00
4					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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Address (number and street)	City State Zip Code		
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(4) Check appropriate box(es):			
Candidate (office sought):	HOOL BOARD MEMBER DIST. 1		
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Committee of Continuous Existence	Check if CCE has DISBANDED		
Party Executive Committee			
(5) REPORT	IDENTIFIERS		
Cover Period: From 7/29/2006 To	B/11/2006 Report Type: F2		
Original Amendment Special Elec	tion Report Independent Expenditure Report		
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT		
Cash & Checks \$0.00	Monetary Expenditures \$92.16		
Loans \$1,000.00	Transfers to Office 0.00		
Total Monetary \$1,000.00	Total Monetary \$92.16		
In-Kind \$0.00	(8) Other Distributions \$0.00		
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date		
\$ 2,500.00	\$1,249.09		
(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		
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman (PC/PTY only)		
X	Χ		
Signature	Signature		

(1)	Name	
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JOE ALLEN

_____ (2) I.D. Number ______

(3) Cover Period <u>7/29/2006</u> through <u>8/11/2006</u> (4) Page <u>1</u> of <u>1</u> (7) (5)

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
8/2/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Address Labels	MON	DEL	1.01
1					
8/2/2006	SUPERVISOR OF ELECTIONS 530 WHITEHEAD ST Key West, Fl 33040	Address Labels	MON	ADD	1.01
5					
8/8/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Voter Labels	MON	DEL	46.15
2					
8/8/2006	SUPERVISOR OF ELECTIONS 530 WHITEHEAD ST Key West, Fl 33040	Voter Labels	MON	ADD	46.15
6					
8/8/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Voter Addresses/Disk	MON	DEL	5.00
3					
8/8/2006	SUPERVISOR OF ELECTIONS 530 WHITEHEAD ST Key West, Fl 33040	Voter Addresses/Disk	MON	ADD	5.00
7					
8/8/2006	Allen Mr. Joe 800 Emma St., #212 Key West, Fl 33040	Typing/Candidate Questionaire	MON	DEL	40.00
4					
8/8/2006	KW BUSINESS CENTER 422 FLEMING ST Key West, Fl 33040	Typing/Candidate Questionaire	MON	ADD	40.00
8					
DS-DE 14 (7/9	8) SEE REVERSE FOR	R INSTRUCTIONS AND C	ODF VALUES		

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Party Executive Committee			
(5) REPORT	IDENTIFIERS		
Cover Period: From 7/29/2006 To	B/11/2006 Report Type: F2		
Original 🖌 Amendment Special Elec	tion Report Independent Expenditure Report		
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT		
Cash & Checks \$0.00	Monetary Expenditures \$840.20		
Loans \$1,000.00	Transfers to Office 0.00		
Total Monetary \$1,000.00	Total Monetary \$840.20		
In-Kind \$0.00	(8) Other Distributions \$0.00		
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date		
\$ 2,500.00	\$1,997.13		
(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		
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman (PC/PTY only)		
Χ	Χ		
Signature	Signature		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	JOE ALLEN			(2	(2) I.D. Number			
(3) Cover Peri	od 7/29/2006	through	8/11/2006		l) Page			
(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	
8/10/2006	Island Adv. Printing 3722 N. Roosevelt Blvd Key West, Fl 33040		Printing & Ma	iling	MON	ADD	748.04	
9								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES