

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

(1) Robert S. Carr, Jr.
Name

(2) 204 W. Spruce St.
Address (number and street)

Orlando, FL 32804
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY

2005 JAN 27 PM 12:15

(4) Check appropriate box(es):

Candidate (office sought): City Council

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 06 To 01 / 27 / 06 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,190.00

Loans \$ _____

Total Monetary \$ 1,190.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,153.21

Transfers to Office Account \$ _____

Total Monetary \$ 2,153.21

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 8,152.92

(10) TOTAL Monetary Expenditures To Date

\$ 4,479.68

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

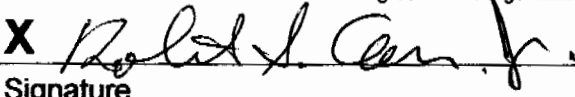
I certify that I have examined this report and it is true, correct, and complete.

(Type name) Lyn Van Horn
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X 
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Robert S. Carr, Jr.
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert S. Carr, JR. (2) I.D. Number _____

(3) Cover Period 01 / 01 / 06 through 01 / 27 / 06 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
01 / 03 / 06	Walter D. Irvine Jr. 2134 Canopy Cir. Zellwood, FL 32978	I	Constru- ction	CHE			\$500.00
1							
01 / 09 / 06	Leota Trapp 1225 Gunnison Ave. Orlando, FL 32804	I	Retired	CHE			\$25.00
2							
01 / 09 / 06	Allen D. Irvine 1681 Diana Dr. Winter Park, FL 32789	I	Constru- ction	CHE			\$500.00
3							
01 / 25 / 06	Miriam Quinby 1801 Wycliff Drive Orlando, FL 32803	I	Retired	CHE			\$100.00
4							
01 / 06 / 06	Jeanne E. Zumbaugh 401 Pine St. Harbor Springs, MI 49740	I	Dental Asst.	CHE			\$40.00
5							
01 / 23 / 06	Marianne Popkins 2001 Harrison Ave. Orlando, FL 32804	I	Office Mgr.	CHE			\$25.00
6							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert S. Carr, Jr.

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 06 through 01 / 27 / 06

(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					
01 / 06 / 06	Office Depot 17-92 Winter Park, FL 32789	Office Supplies	MON		\$13.37
1					
01 / 09 / 06	City of Orlando 400 South Orange Ave. Orlando, FL 32802	Qual. Fee	MON		\$1,178.93
2					
01 / 15 / 06	Office Depot 17-92 Winter Park, FL 32789	Printer Ink	MON		\$39.91
3					
01 / 19 / 06	Community Paper Orlando, FL 32801	Feb. Ad	MON		\$456.00
4					
01 / 21 / 06	Our Town Paper Orlando, FL 32801	Feb. Ad	MON		\$465.00
5					
///					
///					
///					

CONTRIBUTIONS RETURNED

(Section 106.07(4)(b), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate or committee, but returned to the contributor before being deposited in the campaign account.

Candidate Political Committee Committee of Continuous Existence

Full Name: Robert S. Carr, Jr.

Full Address: 204 W. Spruce St., Orlando FL

Full Name and Address of Contributor:
Real Estate Collaborative LLC
PO Box 547037
Orlando FL 32854-7037
Amount of Contribution: \$ 200.00
Date Received: 1-7-06
Date Returned: 1-9-06

Full Name and Address of Contributor:

Amount of Contribution: \$ _____
Date Received: _____
Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____
Date Received: _____
Date Returned: _____

Full Name and Address of Contributor:

Amount of Contribution: \$ _____
Date Received: _____
Date Returned: _____

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Robert S. Carr, Jr.

Type or Print Name of Candidate, Treasurer or Chairman

X [Signature]

Signature