

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

**OFFICE USE ONLY**

2006 APR 7 PM 3:23

(1) Marcus Robinson

**Name**

(2) 2127 Messina Avenue

**Address (number and street)**

Orlando, FL 32811

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): City Commissioner, District 6, Orlando

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 03 / 18 / 2006 To 04 / 06 / 2006 Report Type SP2

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ 45.00

Loans                    \$ \_\_\_\_\_

Total Monetary        \$ \_\_\_\_\_

In-Kind                 \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures        \$ 41.00

Transfers to Office Account        \$ \_\_\_\_\_

Total Monetary        \$ 41.00

(8) Other Distributions        \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 845.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 826.95

**(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) Althea Hargrove Robinson

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X** Althea Hargrove Robinson

Signature

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

(Type name) Marcus Robinson

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Marcus Robinson

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marcus Robinson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 18 / 2006 through 04 / 06 / 06 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
03 / 20 / 06	Krisita Jackson	I	Self Emp	CHE			25.00
4							
04 / 05 / 06	Althea Robinson	I	***	CHE			20.00
5							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Marcus Robinson

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 03 / 18 / 2006 through 04 / 06 / 2006

(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					
03 / 20 / 06	Bank Fee Checks	City Commissioner	MON		\$16.00
2					
03 / 20 / 06	Bill Cowles/ Election Office Kaley St Orlando, FL	City Commissioner	MON		\$15.00
3					
03 / 31 / 06	Monthly Bank Fee	City Commissioner	MON		\$10.00
4					
/ /					
/ /					
/ /					
/ /					
/ /					