

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

(1) Marcus Robinson  
Name

(2) 2127 Messina Avenue  
Address (number and street)

Orlando, FL 32811  
City, State, Zip Code

**OFFICE USE ONLY**

2006 JUL 17 PM 12:36

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  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

**(5) REPORT IDENTIFIERS**

Cover Period: From 03 / 18 / 2006 To 04 / 06 / 2006 Report Type \_\_\_\_\_

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 \$ 31.00

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

Total Monetary \$ 31.00

**(8) Other Distributions**

\$ \_\_\_\_\_

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

\$ 845.00

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

\$ 816.95

**(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**

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**

Signature

## 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 / 31 / 06	Monthly Bank Fee Reversal of Item 03/31/2006 #4		MON	-10.00	
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					
/ /					
/ /					
/ /					
/ /					
/ /					