

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

**OFFICE USE ONLY**

2006 Jun 17 4:12:56

(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 04 / 07 / 2006 To     /    / 2006 Report Type TR

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$                   0.00

Loans                \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

In-Kind            \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$                   28.00

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

Total Monetary        \$                   28.00

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

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

\$                   845.00

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

\$                   844.95

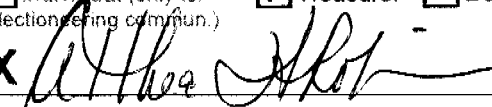
**(11) CERTIFICATION**

**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

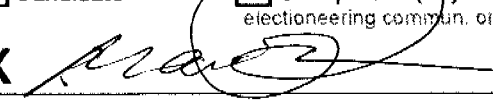
Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**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 04 / 07 / 2006 through \_\_\_\_\_ / \_\_\_\_\_ / 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					
04 / 10 / 06	Jennifer Golden Orlando, FL.	refreshments 4/11/06	MON		\$28.00
6					
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