CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DEBORAH ROBINSON
Name

(2) 217 Clarke Avenue
Address (number and street)

PALM BEACH, FLORIDA 33480
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

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(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: TOWN COUNCIL OF PALM BEACH. GROUP 2

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**

☐ **Check here if PTY has disbanded**

☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 12 / 28 / 13 To 01 / 06 / 14 Report Type: G3

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , 10 , 000 . 00
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , 7 , 500 . 00
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 10 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , 7 , 500 . 00

(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) EDWARD J. ROBINSON

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

x Edward J Robinson
Signature

(Type name) DEBORAH ROBINSON

☒ Candidate ☐ Chairperson (only for PC and PTY)

x Deborah Robinson
Signature

SEE REVERSE FOR INSTRUCTIONS

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEBORAH ROBINSON **(2) I.D. Number** _____

(3) Cover Period 12 / 28 / 13 through 01 / 06 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
01 / 06/2014 01 1	Robinson Deborah Ann 217 Clarke Avenue Palm Beach Fl. 33480	I	Self	LOA			10,000
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DEBORAH ROBINSON (2) I.D. Number

(3) Cover Period 12/28/13 through 1/6/14 (4) Page 1 of 1

(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
1/6/14 01	Tom Plante 3901 S. Flagler Dr. #903 WPB, FL 33405	consulting	MON		7,500.
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES