

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Deborah Robinson
Name

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

Palm Beach FL 33480
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

2014 JAN 17 13:26 TOWN CLERK

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Town Council, 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 1/1/2014 To 1/1/2014 Report Type: G4

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ ~~0~~ 10,000.00

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ ~~0~~ _____

Transfers to Office Account \$ _____

Total Monetary \$ ~~0~~ _____

(8) Other Distributions

\$ ~~0~~ _____

(9) TOTAL Monetary Contributions To Date

\$ ~~0~~ 20,000.00

(10) TOTAL Monetary Expenditures To Date

\$ ~~0~~ 17,500.00

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED

(1) Name Deborah Robinson

(2) I.D. Number 2014 JAN 17 13:26 TWN CLERK

(3) Cover Period 1 / 7 / 14 through 1 / 13 / 14

(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
<u>1 / 7 / 14</u>	<u>Robinson Deborah Ann 217 Clarke Avenue Palm Beach, FL 33480</u>	<u>S</u>		<u>LOA</u>			<u>10,000</u>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Deborah Robinson

(2) I.D. Number _____

(3) Cover Period 1/7/14 through 1/13/14

(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					
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