

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

(1) Robin Fisher
Name
(2) _____
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1048151]
Submitted on:
10/23/2012 11:56:56 (eastern)

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 439

(4) Check appropriate box(es):

- Candidate (office sought): County Commissioner, District 1
 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 9/29/2012 To 10/12/2012 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 72,827.18

(10) TOTAL Monetary Expenditures To Date
\$ 38,730.43

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

 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robin Fisher (2) I.D. Number 439

9/29/2012 through 10/12/2012

(3) Cover Period / / through / / (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robin Fisher

(2) I.D. Number 439

(3) Cover Period 9/29/2012 through 10/12/2012

(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					
10/12/2012 / /	The Florida Coalition on, Black Civic Participation The Florida Coalitio 3505 Sable Palm Lane Titusville, FL 32780	program ad	MO	Add	\$0.00
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