

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

(1) Robert Skidmore  
**Name**

(2) PO Box 5069  
**Address (number and street)**

Englewood, FL 34224-5069  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1013267]

(3) ID Number: 113

(4) **Check appropriate box(es):**

Candidate (office sought): County Commissioner District 3

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 4/1/2008 To 7/18/2008 Report Type F108

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>-0.01</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-0.01</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**  
\$ 56,429.58

**(10) TOTAL Monetary Expenditures To Date**  
\$ 55,121.49

**(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 Robert Skidmore (2) I.D. Number 113

4/1/2008 through 7/18/2008

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
4/29/2008 / /	PayPal.com, PO BOX 45950 Omaha, NE 68145	B		CH		Delete	\$0.20
1							
4/29/2008 / /	PayPal.com, PO BOX 45950 Omaha, NE 68145	B		CH		Add	\$0.19
2							
/ /							
/ /							
/ /							
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/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Skidmore

(2) I.D. Number 113

(3) Cover Period 4/1/2008 through 7/18/2008

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					