

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

(1) Robert Marshall  
Name

(2) 3482 Pennyroyal Rd  
Address (number and street)

Port Charlotte, FL 33953  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1012122]

(3) ID Number: 126

(4) Check appropriate box(es):

- Candidate (office sought): Riverwood CDD, Group 1
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 11/5/2008 To 2/2/2009 Report Type TRGen

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>98.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>98.00</u>

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 100.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 100.00

**(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) \_\_\_\_\_  
 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 Marshall (2) I.D. Number 126

11/5/2008 through 2/2/2009

(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 Robert Marshall

(2) I.D. Number 126

(3) Cover Period 11/5/2008 through 2/2/2009

(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					
11/24/2008 //	Marshall, Robert 3482 Pennyroyal Road Port Charlotte, FL 33953	loan repayment.	MO		\$98.00
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