	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Robbin Rush	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1744 Fiddlers Ridge Dr	Submitted on:						
	Address (number and street)	1/6/2021 11:20:12 (eastern)						
	Fleming Island, Fl 32003							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 721						
(4)	Check appropriate box(es):							
		at Fleming Island CDD Seat 5						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	t Identifiers						
Cove	er Period: From 10 / 30 / 2020 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 100 . 00						
Loar	ns \$, , 0.00	Transfers to						
LUai	ıs	Office Account \$, , 0 . 00						
Tota	Il Monetary \$, , 0 . 00	,,,						
1014	,,,	Total Monetary \$, ,100 .00						
In-Ki	ind \$, , 0.00	,,,,						
HIIM	,,,	(8) Other Distributions						
		\$						
		,,						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>100</u> . <u>00</u>	\$, , <u>100</u> . <u>00</u>						
	(44) Cod	00 0 0 2 2						
	(11) Gert It is a first degree misdemeanor for any perso	tification on to falsify a public record (ss. 839.13, F.S.)						
١c	certify that I have examined this report and it is true, corre							
Solary and throw oxidinated and report and it is add, correct, and complete.								
-	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
х		x						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Robbin Rush				2) I.D. Numbe	er	21
	10/30/2020		2	/1/2021			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of
		T		r	1		
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _F	Robbin	Rush	decoupling to treatment			798 711	100	(2) I.D. Nun	nber		721	
		10/30/	2020		2/1/202	1			-			
(3) Cover Po	eriod	1	1	through	1	1		(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/6/2021	Rush, Robbin P 1744 Fiddlers Ridge Fleming Island, FL 32003	repayment of loan	MO		\$100.00
1	Fleming Island, FL 32003				
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