

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

(1) Robert Hutcherson W/D
Name
 (2) 12346 Peach Orchard Dr.
Address (number and street)
Jacksonville, FL 32223
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1028660]
 Submitted on:
 4/13/2011 12:55:29 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 194

(4) **Check appropriate box(es):**
 Candidate (office sought): Mayor
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2010 To 9/30/2010 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>-5,000.00</u>
Total Monetary	\$	<u>-5,000.00</u>
In-Kind	\$	<u>5,000.00</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
 \$ 5,860.00

(10) TOTAL Monetary Expenditures To Date
 \$ 5,331.00

(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) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert Hutcherson W/D **(2) I.D. Number** 194
 7/1/2010 through 9/30/2010
(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	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/19/2010 / /	Hutcherson, Robert 11250 Old St. Augustine Rd., Jacksonville, FL 32223	I	consultant	LO		Delete	\$5,000.00
1							
9/19/2010 / /	Hutcherson, Robert 11250 Old St. Augustine Rd., Jacksonville, FL 32223	I	consultant	LO	move to inkind	Add	\$0.00
2							
9/19/2010 / /	Hutcherson, Robert 11250 Old St. Augustine Rd. Ste.15370 Jacksonville, FL 32223	I	candidate	IK	volunteer incentive	Add	\$5,000.00
3							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Hutcherson W/D

(2) I.D. Number 194

(3) Cover Period 7/1/2010 through 9/30/2010

(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					
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