

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

(1) LEWIS ROBINSON

OFFICE USE ONLY 369

Name

(2) 17501 VILLAGE INLET CT, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

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

Candidate (office sought): LEE MEMORIAL HEALTH SYSTEM-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 11/2/2012 To 2/4/2013 Report Type TRG

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 924.10

Transfers to Office Account \$ 0.00

Total Monetary \$ 924.10

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,540.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,555.05

(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.

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(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

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

X

Signature

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LEWIS ROBINSON (2) I.D. Number 369

11/2/2012 through 2/4/2013

(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 LEWIS ROBINSON

(2) I.D. Number 369

(3) Cover Period 11/2/2012 through 2/4/2013

(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					
11/7/2012 //	WELLS FARGO, P O BOX 6995 PORTLAND, OR 97228	monthly service fee	MO		\$5.00
1					
11/21/2012 //	ROBINSON, LEWIS 17501 VILLAGE INLET CT FORT MYERS, FL 33908	repay candidate loan	DI		\$919.10
2					
//					
//					
//					
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//					