

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

(1) ROB ROBBINS  
Name

(2) 703 EDISON AVE, LEHIGH ACRES, FL 33972  
Address (number and street)

City, State, Zip Code

**OFFICE USE ONLY** 401

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): LEHIGH ACRES FIRE-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 9/15/2012 To 9/28/2012 / Report Type G2

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>426.12</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>-426.12</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>-426.12</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 0.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 0.00

**(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** ROB ROBBINS **(2) I.D. Number** 401  
**(3) Cover Period** 9/15/2012 through 9/28/2012 **(4) Page** 1 of 1

(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
(6) Sequence Number							
9/19/2012 / /	ROBBINS, ROB 703 EDISON AVE LEHIGH ACRES, FL 33972	I	candidate	IK	grafix alliance campaign signs	Add	\$200.00
1							
9/27/2012 / /	ROBBINS, ROB 703 EDISON AVE LEHIGH ACRES, FL 33972	I	candidate	IK	grafix alliance campaign signs	Add	\$226.12
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name ROB ROBBINS

(2) I.D. Number 401

(3) Cover Period 9/15/2012 through 9/28/2012

(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					
9/19/2012 //	grafix alliance, 5565 lee st unit 5 lehigh acres, fl 33971	signs	DI	Delete	\$200.00
1					
9/19/2012 //	grafix alliance, 5565 lee st unit 5 lehigh acres, fl 33971	signs	MO	Add	\$0.00
2					
9/27/2012 //	grafix alliance, 5565 lee st unit 5 lehigh acres, fl 33971	final of signs	DI	Delete	\$226.12
3					
9/27/2012 //	grafix alliance, 5565 lee st unit 5 lehigh acres, fl 33971	final of signs	MO	Add	\$0.00
4					
//					
//					
//					
//					