

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

(1) Robin Wilson Faber
Name
 (2) 1351 NW 12 Street
Address (number and street)
Miami, FL 33125
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1033198]
 Submitted on:
 2/5/2012 13:54:18 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1052

(4) **Check appropriate box(es):**
 Candidate (office sought): County Court Judge Group 04
 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 10/1/2011 To 12/31/2011 Report Type Q4-11
 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 \$ 0.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 0.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 51,266.00

(10) TOTAL Monetary Expenditures To Date
 \$ 297.52

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

(1) Name Robin Wilson Faber **(2) I.D. Number** 1052
 10/1/2011 through 12/31/2011
(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 Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
12/5/2011 / /	Schoffel, Harold 18181 NE 31 Court #808 Aventura, FL 33160	I salesman	CH		Delete	\$500.00
1						
12/5/2011 / /	Schoffel, Harold 18181 NE 31 Court #808 Aventura, FL 33160	I insurance agent	CH		Add	\$500.00
2						
12/5/2011 / /	Faber, Jesse E. 1 Nutting Place West Caldwell, NJ 07006	I salesman	CH		Delete	\$200.00
3						
12/5/2011 / /	Faber, Jesse E. 1 Nutting Place West Caldwell, NJ 07006	I stationary supplier	CH		Add	\$200.00
4						
12/23/2011 / /	Schoffel, Robert M. 13121 SW 40 Street Davie, FL 33330	I salesman	CH		Delete	\$250.00
5						
12/23/2011 / /	Schoffel, Robert M. 13121 SW 40 Street Davie, FL 33330	I media sales	CH		Add	\$250.00
6						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robin Wilson Faber

(2) I.D. Number 1052

(3) Cover Period 10/1/2011 through 12/31/2011

(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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