FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) ROBERT MCCLURE       6495 (Another MCCLURE)         Name       MILTEN, FL 32000-4592         (2) 5665 RUSSELL DR       2008 ALG 29 PM 3 45         Address (number and street)       2008 ALG 29 PM 3 45						
City, State, Zip Code						
(5) REPORT IDENTIFIERS         Cover Period:       From _8 / _22 / _08 To _09 / _12 / _08 Report TypeTERMINATION         ✓ Original       Amendment       Special Election Report       Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$0.00	Monetary Expenditures \$364.38					
Loans \$0.00_	Transfers to Office Account \$ 0.00					
Total Monetary \$0.00	Total Monetary \$ 364.38					
In-Kind گ0.00_	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$6,126.00	(10) TOTAL Monetary Expenditures To Date \$6,126.00					
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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.I certify that I have examined this report and it is true, correct, and complete.(Type name)Amy Brinkerhoff(Type name)Robert G. McClure						
Individual (only for electioneering company)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)					
DS-DE 12 (Rev. 08/04)						

DS-DE 12 (Rev. 08/04)

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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	neROBERT MCCLURE		(2) I.D. Number		
(3) Cover Period	08 / 22 / 08	through <sup>09</sup> /	<sup>12</sup> / <sup>08</sup> (4) Page	$^{1}$ of $^{1}$	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) (10) Contribution In-kind Type Description	(11) (12) Amendment Amount	
	NONE				
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name ROBERT G MCCLURE (2) I.D. Number							
(3) Cover Perio	d/ 22 // 08 through/	/ <u>12</u> / <u>08</u> (4	l) Page	<sup>1</sup> of	1		
(5) Date (6) Sequence Number	(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		
08 /28 /08 #1	ROBERT MCCLURE 5665 RUSSELL DR MILTON FL 32570	REPAYMENT OF LOAN	DIS		\$364.38		
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