| FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|--|---|--|--|--|--|--|
| (1) Robert 5. Melly Name (2) 4137 Diamond St. Address (number and street) Pace, FL 33571 City, State, Zip Code | OFFICE USE ONLY | | | | | |
| ☐ CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): ☐ Candidate (office sought): ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication | (3) ID Number: CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED | | | | | |
| (5) REPORT IDENTIFIERS Cover Period: From \(\bigcircle{O} \) / \ | | | | | | |
| (6) CONTRIBUTIONS THIS REPORT Cash & Checks \$ Loans \$ Total Monetary \$ In-Kind \$ | (7) EXPENDITURES THIS REPORT Monetary Expenditures \$ \(\sum_{\infty} \infty \infty \infty \infty \infty Transfers to Office Account \$ Total Monetary \$ \(\sum_{\infty} \infty \inft | | | | | |
| (9) TOTAL Monetary Contributions To Date \$ まらめんめの | (8) Other Distributions \$ | | | | | |
| (11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | | |
| Correct, and complete. (Type name) Cyister Deputy Treasurer electioneeing commun.) Signature | Candidate Chairperson (only for PC, PTY & electioneering commun. organization) Signature | | | | | |

| (5) | (7) | (8) | (9) | (10) | (11) |
|---------------------------|---|---|---------------------|-----------|--------|
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 10/4/11 | Kristen Melly 4137 Diamond St Pace, FL 32571 | Refund of loan | REF | | 100,00 |
| 11/2/11 2 | Kristen Melly 4137 Diamond St Pace, FL 32571 | Prefund of loan | REF | | 50.00 |
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DS-DE 14 (Rev. 08/03)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name \mathbb{R}_{0} | bert melle | (2) I.D. Number | | | | | |
|---------------------------|--|-----------------|-------------|------------|--------------|-----------|--------|
| (3) Cover Period | 10/1/11 | throu | gh lみ/ | 31/11 | (4) Page | 1 0 | f (|
| (5) Date (6) Sequence | (7) Full Name (Last, Suffix, First, Middle) Street Address & | | (8) | (9) | (10) | (11) | (12) |
| <u>Number</u> | City, State, Zip Code | Туре | Occupation | Туре | Description | Amendment | Amount |
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