

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

(1) Robert Smith
Name
5579 Stewart Street
Address (number and street)
Milton, FL 32570
City, State, Zip Code

MILTON, FL 32570 OFFICE USE ONLY

2006 AUG 25 PM 1 19

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Santa Rosa School Board, District 1
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- 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 01 / 01 / 06 To 03 / 31 / 06 Report Type Q1

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>0.00</u>

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 700.00

(10) TOTAL Monetary Expenditures To Date
\$ 238.02

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Kathryn D Clark

(Type name) Robert E. Smith

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Kathryn D Clark
Signature

X Robert E. Smith
Signature

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

(1) Robert Smith
 Name
 (2) 5579 Stewart St
 Address (number and street)
Milton, FL 32570
 City, State, Zip Code

OFFICE USE ONLY

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

(4) Check appropriate box(es): School Board, District 1
 Candidate (office sought): _____
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 06 To 03 / 31 / 06 Report Type Q1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ -0-
 Loans \$ -0-
 Total Monetary \$ _____
 In-Kind \$ -0-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 39.33
 Transfers to Office Account \$ -0-
 Total Monetary \$ 39.33

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ -0-

(10) TOTAL Monetary Expenditures To Date
 \$ 39.33

(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) Kathryn D Clark
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
Kathryn D Clark
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Robert E. Smith
 Candidate Chair person (only for PC, PTY & electioneering commun. organization)
Robert E. Smith
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Robert Smith

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 06 through 03 / 31 / 06

(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
01 18 06 / / 005	First National Bank of Florida P O Box 3654 Milton, FL 32572	Printed Checks	MON	ADD	13.05
01 31 06 / / 006	First National Bank of Florida P O Box 3654 Milton, FL 32572	Bank Service Charge	MON	ADD	8.63
02 28 06 / / 007	First National Bank of Florida P O Box 3654 Milton, FL 32572	Bank Service Charge	MON	ADD	9.02
03 31 06 / / 008	First National Bank of Florida P O Box 3654 Milton, FL 32572	Bank Service Charge	MON	ADD	8.63
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) ROBERT SMITH
Name
(2) 5579 STEWART ST
Address (number and street)
MILTON FL 32570
City, State, Zip Code

OFFICE USE ONLY
MILTON, FL 32570
2006 APR 7 PM 12 03

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): SCHOOL BOARD, DIST. 1
- 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 01/01/06 To 3/31/06 Report Type Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 700.00

Loans \$ _____

Total Monetary \$ 700.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 198.69

Transfers to Office Account \$ _____

Total Monetary \$ 198.69

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 700.00

(10) TOTAL Monetary Expenditures To Date
\$ 198.69

(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) KATHRYN D. CLARK
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Kathryn D Clark
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ROBERT E. SMITH
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Robert E. Smith
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ROBERT SMITH (2) I.D. Number _____

(3) Cover Period 01 / 01 / 06 through 03 / 31 / 06 (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		Type	Occupation	Type	Description		Amount
01, 04, 06 001	SMITH, ROBERT 6060 CEDAR TREED DR MILTON, FL 32570	I	CANDIDATE/ INSURANCE AGENT	CAS			500.00
03, 22, 06 002	GALLUPS, WILLIAM C GALLUPS, PAMELA 5807 TANGLEWOOD DR MILTON, FL 32570	I		CHE			100.00
03, 24, 06 003	CLARK, GENE P CLARK, KATHRYN D 5652 TREVINO DR MILTON, FL 32570	I		CHE			100.00
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ROBERT SMITH

(2) I.D. Number _____

(3) Cover Period 01, 01, 06 through 03, 31, 06

(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
01/05/06	CULPEPPER PRINTING Co., INC 5180 STEWART ST MILTON, FL 32570	PETITION CARDS	MON		78.81
001					
01/26/06	CULPEPPER PRINTING Co., INC 5180 STEWART ST. MILTON, FL 32570	PETITION CARDS	MON		55.38
002					
01/30/06	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST. SUITE F MILTON, FL 32570	PETITION VERIFICATION	MON		25.00
003					
02/21/06 / /	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST SUITE F MILTON, FL 32570	PETITION VERIFICATION	MON		39.50
004					
/ /					
/ /					
/ /					
/ /					