

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

(1) Robert Smith  
**Name**

(2) 5579 Stewart Street  
**Address (number and street)**

Milton, FL 32570  
**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): Santa Rosa School Board, District 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 09 / 01 / 06 To 10 / 27 / 06 Report Type TR

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 \$ 65.87

Transfers to Office Account \$ 0.00

Total Monetary \$ 65.87

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 7,480.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 7,480.00

**(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) 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 09 / 01 / 06 through 10 / 27 / 06 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	NONE						
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Smith

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 01 / 06 through 10 / 27 / 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
(6) Sequence Number					
10 / 27 / 06	Robert Smith 5579 Stewart St Milton, FL 32570	Reimburse Personal Loan	DIS		\$65.87
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