

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robin Denise Harris
 Name
3606 Spring Land Dr.
 Address (number and street)
Orlando, Fl. 32818
 City, State, Zip Code

OFFICE USE ONLY
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF ELECTIONS
 1700 N. W. 17th Ave., Suite 1000
 Tallahassee, FL 32304-3000
 904.487.2500
 FAX 904.487.2501
 www.floridastate.gov

2018 JAN 10 P 3:07

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 6
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12/01/2017/ To 12/31/2017/ Report Type: ML12

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 2,116.36 , _____ . _____

Loans \$ 0 , _____ , _____ . _____

Total Monetary \$ 2,116.36 , _____ . _____

In-Kind \$ 0 , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 336.45 , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 336.45 , _____ . _____

(8) Other Distributions

\$ 0 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 2,116.36 , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ \$336.45 , _____ . _____

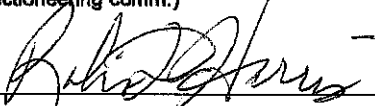
(11) Certification

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) Robin D. Harris

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 
 Signature

(Type name) Robin D. Harris

Candidate Chairperson (only for PC and PTY)

X 
 Signature