

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

(1) Nancy Robbinson
Name

(2) P.O. Box 540694
Address (number and street)
Orlando, FL 32854
City, State, Zip Code

**OFFICE USE ONLY
RECEIVED**

APR 28 2008

**BILL COWLES
SUPERVISOR OF ELECTIONS**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Orange County School Board, District 6
- 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 1 / 1 / 08 To 3 / 31 / 08 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>8,125.00</u>
Loans	\$	<u>2,100.00</u>
Total Monetary	\$	<u>10,225.00</u>
In-Kind	\$	<u>610.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>5,852.24</u>
Transfers to Office Account	\$	_____
Total Monetary	\$	<u>5,852.24</u>

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 24,445.00

(10) TOTAL Monetary Expenditures To Date

\$ 6,899.73

(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) Nancy Robbinson

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Nancy W Robbinson
Signature

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

(Type name) Nancy Robbinson

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

X Nancy W Robbinson
Signature