

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

(1) George Collins  
Name

(2) 2585 Corbyton Court  
Address (number and street)

Orlando, FL 32828  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): School Board, District 2

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

**OFFICE USE ONLY**

200 NOV 23 4 08 33  
 SUPERVISOR  
 GEORGE COLLINS  
 DISTRICT 2

**(5) REPORT IDENTIFIERS**

Cover Period: From 08 / 20 / 2010 To 11 / 19 / 2010 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    \$ \_\_\_\_\_ 1,522.53

Transfers to Office Account    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 0.00

(8) Other Distributions    \$ \_\_\_\_\_ 0.00

(9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 14,715.00

(10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 14,715.00

**(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) George Collins

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X** George Collins  
Signature

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

(Type name) George Collins

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

**X** George Collins  
Signature