

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

(1) Robin Harrington
Name

(2) 1723 Spring Creek Drive
Address (number and street)

Sarasota, FL 34239
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____



(4) Check appropriate box(es):

Candidate (office sought): City Commissioner At-Large

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 3 / 4 / 2009 To 6 / 8 / 2009 Report Type F-4

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 \$ 213.87

Transfers to Office Account \$ 0.00

Total Monetary \$ 213.87

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 5,615.00

(10) TOTAL Monetary Expenditures To Date

\$ 5,615.00

(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) Dr. Nancy Havens
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Nancy Havens
Signature

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

(Type name) Robin Harrington
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Robin Harrington
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robin Harrington

(2) I.D. Number 000000

(3) Cover Period 3 / 3 / 2009 through 6 / 8 / 2009

(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					
3 / 19 / 09	Harrington, Robin M.	Partial loan repayment	mon		\$213.87
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robin Harrington (2) I.D. Number 000000

(3) Cover Period 3 / 3 / 2009 through 6 / 8 / 2009 (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
3 / 17 / 2009	Account closed						0000
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