

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

(1) Robert Desmond
Name

(2) 811 N. Midland DR,
Address (number and street)
DeLtona, FL 32725
City, State, Zip Code

OFFICE USE ONLY

10-09-09A10:31 RCVD *JD*

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): MAYOR

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 07/01/09 To 09/30/09 Report Type Q3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1.01

Loans \$ 100.00

Total Monetary \$ _____

In-Kind \$ 19.95

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 119.96

(10) TOTAL Monetary Expenditures To Date

\$ 0

(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) Elizabeth Weathers

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Elizabeth Weathers
Signature

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

(Type name) ROBERT DESMOND

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

X Robert Desmond
Signature

JD

CAMPAIGN TREASURER'S REPORT ITEMIZED CONTRIBUTIONS AND FUND TRANSFERS

(1) Name Robert Desmond (2) I.D. Number _____

(3) Cover Period 07, 01, 09 through 09, 30, 09 (4) Page 1 of 1

- Contributions** (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)
 Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7)	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num	Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
08, 27, 09 1	Desmond, Robert 811 N. midland Dr. Deltona, FL. 32725	S	Information Technology	LOA			\$ 30.00
08, 27, 09 2	Desmond, Robert 811 N. midland Dr. Deltona, FL. 32725	S	Information Technology	LOA			\$ 50.00
08, 28, 09 3	Desmond, Robert 811 N. midland Dr. Deltona, FL. 32725	S	Information Technology	LOA	Web-site Hosting		\$ 19.95
09, 30, 09 4	FARWINDS CREDIT UNION 2487 ENTERPRISE RD ORANGE CITY, FL 32763	B	NA	INT			.01
1 1							
1 1							
1 1							