CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Robert L. Crown	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	3315 E Tamiami Trl Ste 206	Submitted on:							
	Address (number and street)	5/12/2020 21:43:31 (eastern)							
	Naples, FL 34112  City, State, Zip Code								
	_	(2) 17 11							
	Check here if address has changed	(3) ID Number:541							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: County Judge Group 4</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>								
	(5) Report	Identifiers							
Cov	er Period: From $\frac{4}{2}$ / $\frac{1}{2020}$ To								
	riginal 🖾 Amendment 🔲 Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$ , , 0 . <u>00</u>	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , , 000	Total Monetary \$ , 6 ,072 .88							
In-Ki	ind \$,,, <u>0</u> . <u>00</u>	, , , , , , , , , , , , , , , , , , , ,							
		(8) Other Distributions \$ , , <u>0</u> 00							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T	(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)  Individual (only for IE  Treasurer Deputy Treasurer or electioneering comm.)								
X		<u>X</u>							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Robert L. Crown				2) I.D. Numbe	er <u>5</u>	341
	4/1/2020 od///		4	/30/2020 //	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
I I					*		
f f							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Robert	L.	Crow	'n				 (2) I.D. Nur	nber	5	541	
		4/1	/2020	0		4/30/2	2020					
(3) Cover P	eriod		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1	Supervisor of Elections, Collier County 3750 Enterprise Avenue Naples, FL 34104	qualifying fee	МО	Add	\$6,072.88
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_/ /					
//					
//					
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DS-DE 14 (Rev	4440.)				