

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charlene Robinson

Name

(2) 1739 Lynn St NW

Address (number and street)

Jasper, FL 32052

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 149

(4) Check appropriate box(es):

☒ Candidate Office Sought: Tax Collector

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY
ONLINE SUBMISSION
[1320249]

Submitted on:

7/26/2024 21:23:52 (eastern)

(5) Report Identifiers

Cover Period: From 7 / 20 / 2024 To 7 / 26 / 2024 Report Type: P5

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 150 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 150 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 156 . 76

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 156 . 76

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 7 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 7 , 074 . 52

(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 or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Charlene Robinson (2) I.D. Number 149
 7/20/2024 through 7/26/2024
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (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 |
|---------------------------|--|---------------------------------------|------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
| 7/22/2024 / / | Robinson, Charlene Chalette 1739 Lynn St NW Jasper, FL 32052 | S | asst tax collector | CH | | | \$50.00 |
| 1 | | | | | | | |
| 7/26/2024 / / | Robinson, Charlene C 1739 Lynn St NW Jasper, FL 32052 | S | asst. tax collector | CH | | | \$100.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Charlene Robinson

(2) I.D. Number 149

(3) Cover Period 7/20/2024 through 7/26/2024

(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 |
|----------------------|--|--|----------------------------|-------------------|----------------|
| 7/22/2024 // 1 | North Florida Printing Co Inc, 109 Tuxedo Ave Live Oak, FL 32064 | rack cards | MO | | \$156.76 |
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