CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Joe Robinson	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1185644]							
(2) P.O. Box 4403	Submitted on:							
Address (number and street) Tampa, FL 33677	3/10/2019 17:34:20 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number:1777							
(4) Check appropriate box(es):								
Candidate Office Sought: Tampa City Co	ouncil, Dist. 2							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	Check here if PC or ECO has disbanded							
<ul> <li>Independent Expenditure (IE) (also covers an</li> </ul>	<ul> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul>							
individual making electioneering communications)								
(5) Report Identifiers								
Cover Period: From 2 / 2 / 2019 To	2 / 15 / 2019 Report Type: P3							
	becial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , 0 . 00	Expenditures \$ _ , _ , _ 0 . 00							
Loans $\$_{-5}, 000 \cdot 00$	Transfers to Office Account \$							
Total Monetary \$ , -5 , 000 . 00	Office Account \$,,, 0.							
	Total Monetary \$ . 0.00							
In-Kind \$,,0.00	Total Monetary \$ , , , 0 . 00							
······································	(8) Other Distributions							
	\$, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>16</u> , <u>930</u> . <u>00</u>	\$, _10 , _56005							
(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, co								
	I							
(Type name)	(Type name)							
or electioneering comm.)								
X	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name		(2) I.D. Number					
2/2/2019			2/15/2019				
(3) Cover Peri	iod / /	thr			(4) Pa	ge _1	of _1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	c l	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	NAMES OF OTHER DESIGNATION OF OTHER DESIGNATION	Туре	Description	Amendment	Amount
2	Robinson, Joe	S	consulting			Delete	\$5,000.0
2/15/2019 / /	POB 4403 Tampa, Fl 33677		engineer				
1							
2/15/2019 / /	Robinson, Joe POB 4403 Tampa, Fl 33677	S	consulting engineer	J LO		Add	\$0.0
2							
1 1	_						
		-					
1 1							
1 1	_						
1 1	_						
1 1	_						
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Joe</u>	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES           Name         Joe Robinson         (2) I.D. Number         1777							
(3) Cover Period	2/2/2019 d <i>I</i> through	2/15/2019 //	(4) Page <u>1</u>	of_	0			
(5) Date (6) Sequence Number	(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			
_/_/								
_ / _/								
_/ /								
_/_/								
_/ /								
_/_/								
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