	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	Robert Lane	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	1622 Eagles Watch Way	Submitted on:				
	Address (number and street)	3/5/2015 13:22:25 (eastern)				
	Tallahassee, FL 32312					
	City, State, Zip Code					
	Check here if address has changed	(3) ID Number:381				
(4)	Check appropriate box(es):					
	Candidate Office Sought: Leon County P	roperty Appraiser				
	Political Committee (PC)	Charlebone # DO an FOO bas disheaded				
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) [☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded				
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)					
	(5) Report	dentifiers				
Cove		2 / 28 / 2015 Report Type: M2				
		ecial Election Report				
		<u> </u>				
(6)	Contributions This Report	(7) Expenditures This Report				
	Φ	Monetary				
Cash	h & Checks \$,, <u>40</u> .00	Expenditures \$, , 0 . 00				
Loar	ns \$, , 0.00	Transfers to				
Luai	, , , , , , , , , , , , , , , , , , , ,	Office Account \$, , 0 . 00				
Tota	I Monetary \$, , 40 . 00	,,,				
TULA	,,,	Total Monetary \$, , 0 . 00				
In-Ki	ind \$, , 0.00	,,,				
III-KI	ind	(8) Other Distributions				
		(8) Other Distributions \$, , 0 00_				
		,,,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
	\$,, <u>40</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>				
	(11) Cert It is a first degree misdemeanor for any pers					
l c		• • • • • • •				
I certify that I have examined this report and it is true, correct, and complete:						
	ype name)	(Type name)				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
Х		X				
	gnature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Robert Lane	(2) I.D. Number						
	2/1/2015		2	/28/2015		-	-	
(3) Cover Perio	od / /	thro	ough	<i>ll</i>	(4) Pag	e	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount	
2/4/2015 /	Lane, Emmitt D 3123 O'Brien Drive Tallahassee, FL 32309		candidate s father	CA			\$40.0	
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(1) Name Rober	t Lane		EPORT – ITEMIZEI	2) I.D. Number		381
3) Cover Period	2/1/2015 / /	through	28/2015 _//(4) Page <u>1</u>	of	0
(5) Date (6) Sequence Number	(7) Full Na (Last, Suffix, F Street Add City, State,	ame irst, Middle) dress &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
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