CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Robert Lane	OFFICE USE ONLY					
•	Name	ONLINE SUBMISSION					
(2)	1622 Eagles Watch Way	Submitted on:					
	Address (number and street)	7/30/2016 10:28:25 (eastern)					
	Tallahassee, FL 32312						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:					
(4)	Check appropriate box(es):						
	Candidate Office Sought: Leon County P	roperty Appraiser					
	☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐	☐ Check here if PC or ECO has disbanded					
	Party Executive Committee (PTY)	☐ 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	Identifiers					
Cove		7 / 29 / 2016 Report Type: P4					
X O		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
(-,	on the state of th	Monetary					
Cash	n & Checks \$ , , 300 . 00	Expenditures \$ , , 0 . 00					
•		· · · · · · · · · · · · · · · · · · ·					
Loar	ns \$,,,000	Transfers to					
		Office Account \$ , , , 0 . 00					
Tota	I Monetary \$ , , <u>300</u> . <u>00</u>						
		Total Monetary \$ , , 0 . 00					
In-Ki	ind \$,, <u>0</u> . <u>00</u>						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, _54, _98000	\$, <u>10</u> , <u>283</u> . <u>01</u>					
	(11) Cert It is a first degree misdemeanor for any pers						
Lo							
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		×					
	gnature	Signature					

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

(1) Name Robe	ert Lane				(:	2) I.D. Number _		381	
	7/23/20	16		7/29/	2016				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

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(5)  Date (6)  Sequence  Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C <sub>i</sub>	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
7/28/2016 / /	rivers, John T 771 Pinetree Rd Winter Park, FL 32789	I	restaurant chain owner				\$250.0
7/28/2016	Greene, Thyria S 7555 Heartland Circle Tallahassee, Fl 32312	I		СН			\$25.0
7/24/2016	Fordham, Della E 6472 Hidden Lakes Drive Tallahassee, FL 32311	I		СН			\$25.0
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ame Robert	7/23/2016	7/29/2016	2) I.D. Numbei		381
over Period _	/through_		4) Page <u>1</u>	of	0
(5) Date (6) equence	(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)	(11)
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DS-DE 14 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES						