CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Robin Colson	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	2350 Phillips Rd. Apt. 1104	Submitted on:					
	Address (number and street) Tallahassee, FL 32308	3/3/2020 20:04:05 (eastern)					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 601					
(-)	Leon County Commission - At Large, Group 1 ☐ 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						
	(5) Report	Identifiers					
Cove	er Period: From 2 / 1 / 2020 To						
X O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cash	n & Checks \$, , ,000	Monetary					
Loar		Transfers to Office Account \$, , , 0 . 00					
Tota	Monetary \$,, <u>205</u> . <u>00</u>	Total Manatani, C					
In-Ki	nd \$,, <u>0</u> . <u>00</u>	Total Monetary \$, , 0 . 00					
		(8) Other Distributions \$, , 000_					
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc						
(Ty	(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						
X Si	gnature	X Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robin Colson (2) I.D. Number 6					501	
2/1/2020						
(3) Cover Peri	od / /	through	11	(4) Pag	ge ¹	of 1
		3007			201	
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name			(Contract)		
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation	20.003000000000000000000000000000000000	Description	Amendment	Amount
_ , ,	Dieckmann, Michael	I administ		. **		\$205.0
2/29/2020	F 2350 Phillips Road	tor				
	Apt 1206					
1	Tallahassee, FL 32308					
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Name Robin	2/1/2020 2/	29/2020	2) I.D. Numbe		
Cover Period	/through	_/(4	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)	(11)
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

601

(1) Name	Robin Colson		(2) I.D. Numb	oer <u>601</u>	
(3) Cover Period	d2/1/2020through2/2	9/2020	(4) Page	1of	1
(5) Date (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10)	(11)
2/29/2020	First Commerce Credit Union, PO Box 6416 Tallahassee, FL 32314	TO	savings account (required by cu to have checking		\$5.00
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