

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Lotane  
 Name  
 (2) 1213 Halifax Court  
 Address (number and street)  
Tallahassee, FL 32308  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1173428]

Submitted on:  
 9/21/2018 14:56:03 (eastern)

Check here if address has changed (3) ID Number: 510

(4) Check appropriate box(es):

Candidate Office Sought: Tallahassee City Commission - Seat 5

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

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

### (5) Report Identifiers

Cover Period: From 9 / 1 / 2018 To 9 / 14 / 2018 Report Type: G2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 600 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 600 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 107 . 55

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 107 . 55

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 97 , 778 . 32

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 87 , 943 . 57

### (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 Robert Lotane (2) I.D. Number 510  
 (3) Cover Period 9/1/2018 through 9/14/2018 (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
9/5/2018 / /	Williams, Kim PO Box 2068 Tallahassee, FL 32316	I		CH			\$100.00
1							
9/5/2018 / /	Bense, Allan 1405 W Beach Dr Panama City, FL 32401	I	constructi on	CH			\$250.00
2							
9/10/2018 / /	Parton, Steve 3736 Overlook Dr Tallahassee, FL 32311	I	retired	CH			\$250.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Robert Lotane

(2) I.D. Number 510

(3) Cover Period 9/1/2018 through 9/14/2018

(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
9/5/2018 / /	Welcome, Daisha 4505 Eltham Park Tallahassee, FL 32303	consulting	MO		\$95.00
1					
9/14/2018 / /	Stripe.com, 185 Berry St San Francisco, CA 94107	online donation fees	MO		\$12.55
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					