

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

**OFFICE USE ONLY**  
SUPERVISOR  
6495 CARR  
MILTON, FL 32570  
2004 JUL 29 AM 10 21

(1) Bob Arn  
Candidate, Committee or Party Name

(2) 2727 Bay St. Unit 6  
Address (number and street)

Gulf Breeze, FL 32563  
City, State, Zip Code

Check box if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Santa Rosa County Commissioner District 5

Political Committee  Check if PC has DISBANDED

Committee of Continuous Existence  Check if CCE has DISBANDED

Party Executive Committee

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 1 / 04 To 7 / 23 / 04 Report Type F1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 38 . 52

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 3 , 790 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , 3 , 664 . 97

**(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.

Bob Arn  
Name of  Treasurer  Deputy Treasurer

X [Signature]  
Signature

I certify that I have examined this report and it is true, correct and complete.

Bob Arn  
Name of  Candidate  Chairman  
(PC/PTY Only)

X [Signature]  
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Bob Acn

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 / 1 / 04 through 7 / 23 / 04

(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
(6) Sequence Number					
7/20/04 1	Supervisor of Elections 6495 Caroline St. Milton, FL. 32570 4592				\$38.52
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