

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

(1) Joseph Monroe Pool  
Name  
(2) 5464 Lilac Ave  
Address (number and street)  
Milton, FL 32570  
City, State, Zip Code

SUPERVISOR OF ELECTIONS  
OFFICE USE ONLY  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592

2012 NOV 7 AM 8 31

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Santa Rosa County School Board

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 8 / 10 / 2012 To 10 / 7 / 2012 Report Type TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 353.27

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 353.27

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 6,775.00

(10) TOTAL Monetary Expenditures To Date  
\$ 6775.00

**(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) Joseph M. Pool

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Joseph M. Pool  
Signature

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

(Type name) Joseph M. Pool

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Joseph M. Pool  
Signature

