

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

(1) NAVARRE POHLMANN ASS COMMITTEE

Name

(2) 2956 PGA BLVD

Address (number and street)

NAVARRE FLORIDA 32566

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

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

2013 JAN 8 PM 1 47

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

(4) Check appropriate box(es):

☐ Candidate (office sought): \_\_\_\_\_

☒ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 11/02/12 To 12/31/12 Report Type Q4

☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ \_\_\_\_\_

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

Total Monetary \$ 0

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

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 390.00

Transfers to Office Account \$ 0

Total Monetary \$ ~~9360.83~~ 390.00

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions To Date  
\$ 9,582.21

(10) TOTAL Monetary Expenditures To Date  
\$ 9360.83

(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 electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X CR Pohlmann

Signature

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

(Type name)

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

X

Signature

(1) Name NATHANRE BITTMANN PASS

(2) I.D. Number

(3) Cover Period 10/26/09 through 10/26/12

(4) Page, \_\_\_\_\_ of \_\_\_\_\_

DS-DE 14 (Rev. 08/03)

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**