

CAMPAIGN TREASURER'S REPORT SUMMARY

6495 CAROLINE ST. STE. F
MILTON, FL 32570-4592

2014 OCT 17 AM 11 35

(1) Rob Cole
Name
(2) 8651 Riverstone Rd.
Address (number and street)
MILTON, FL 32503
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commission Santa Rosa Dist #2

☐ 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

Cover Period: From 10/1/14 To 10/10/14 Report Type: 2014

☒ Original

☐ Amendment

☐ Special Election Report

GE

(6) Contributions This Report

Cash & Checks \$ 500.00

Loans \$ _____

Total Monetary \$ 500.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 6,000.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 6,000.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 47,725.00

(10) TOTAL Monetary Expenditures To Date

\$ 30,875.43

(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)

Rob Cole

☐ Individual (only for IE or electioneering comm.)

☐ Treasurer

☒ Deputy Treasurer

X

Signature

[Signature]

(Type name)

Rob Cole

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Signature

[Signature]

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bob Cole (2) I.D. Number _____

(3) Cover Period 10 / 11 / 14 through 10 / 17 / 14 (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
(6) Sequence Number		Type	Occupation	Type	Description		
10 / 2 / 14	John Roche	I	emergency service	che			\$500.00
1	510 James River Gulf Breeze 32561						
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Bob Cole

(2) I.D. Number _____

(3) Cover Period 10/11/14 through 10/17/14

(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
10/19/14	PAINT CARTON GULF BREEZE PKW GULF BREEZE FL	Print & Mail	CAN		6000 ⁰⁰
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