

CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

2014 OCT 23 PM 1 12

(1) Bob Cole
Name

(2) _____
Address (number and street)

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☐ 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 ____ / ____ / ____ To ____ / ____ / ____

Report Type: B-5

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ ____ , ____ , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ ____ , ____ , ____ . ____

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

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ ____ , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ ____ , ____ , ____ . ____

(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)

Bob Cole

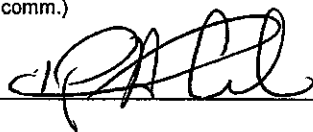
☐ Individual (only for IE or electioneering comm.)

☐ Treasurer

☒ Deputy Treasurer

X

Signature



(Type name)

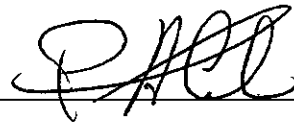
Bob Cole

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Signature



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name 755 Cole

(2) I.D. Number _____

(3) Cover Period 10/4/14 through 10/10/14

(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
(6) Sequence Number					
10/9/14	Print Center	Print g mail	CAN		6000 ⁰⁰
1	Gulf Breeze Pkw				
	Gulf Breeze FL				
/ /					
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/ /					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 4 / 14 through 10 / 10 / 14 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
10 / 7 / 14	John Roche		Emergency				
1	510 James Road I		Service	che			\$500.00
	Gulf Breeze FL 32561						
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							