CAMPAIGN TREASURER'S REPORT, SHAWARY ELECTIONS							
(1) Robert "Bob" Cole	6495 CAROLINESTONSYE. F MILTON, FL 32978-4592						
Name (2) Blo5 Riverstone Rd Address (number and street) MILTOW/ FL 32583	2014 OCT 30 PM 12 10						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es): Candidate Office Sought: SANTA Cost Cost Tist ** County Commission* Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From 10 / 18 / 14 To 10 / 30 / 4 Report Type: 6-7 ☐ Original ☐ Amendment ☐ Special Election Report							
	l .						
(6) Contributions This Report	(7) Expenditures This Report Monetary						
Cash & Checks \$,,,,,	Expenditures $\$$, , $25 \cdot 60$						
Loans \$,,	Transfers to Office Account \$,, \(\phi \).						
Total Monetary \$,,,	Total Monetary \$,, 25.00						
	(8) Other Distributions						
(9) TOTAL Monetary Contributions To Date \$, <u>50, 92500</u>	(10) TOTAL Monetary Expenditures To Date \$, <u>4\phi, 96\phi 43</u>						
(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) (Open Bob "Ope (Type name) Poper Bob (Of							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
x / Soloh	x feblul						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	306 C	le		(2)	I.D. Number			
(3) Cover Period 10 / 18 / 19 through 10 / 30 / 19 (4) Page 1 of 1								
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number		Туре		Contribution Type	In-kind Description	Amendment	Amount	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number (1) Name 14 through 10, 30, 14 (3) Cover Period (4) Page _ (7) (8) (10) (11) (9) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) **Amount** Amendment Number CAY