

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bob Cole
Name

(2) 8651 Riverstone Rd
Address (number and street)

Milton, FL 32503
City, State, Zip Code

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

2015 JAN 30 AM 8 54

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commission Santa Rosa Co. 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 / 31 / 14 To 2 / 2 / 15

Termination Report
Report Type: TRG

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 0 . 0

Loans \$ _____, _____, _____

Total Monetary \$ _____, 0 . 0

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 7,522 . 28

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, 7,522 . 28

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 51 . 175 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 51 . 175 . 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)

Robert A. Bob Cole

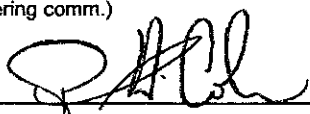
☐ Individual (only for IE or electioneering comm.)

☐ Treasurer

☒ Deputy Treasurer

X

Signature



(Type name)

Robert A. Bob Cole

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Signature



CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 31 / 14 through 2 / 2 / 15 (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

None

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bob Cole

(2) I.D. Number _____

(3) Cover Period 10/31/14 through 2/2/14

(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
10/31/14	Gulf Breeze News PO BOX 1414 HARBOURTOWN Gulf Breeze FL 32562	Add Space	CAN		621 ⁰⁰
1					
12/8/14	Robert Cole 8051 Riverstone Rd Milton, FL 32583	Repay LOAN	RMB		6000 ⁰⁰
2					
1/29/15	The ARC of Santa Rosa 6225 Dixie Rd. Milton, FL 32570	Donation	DIS		901.28
3					
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