

CAMPAIGN TREASURER'S REPORT SUMMARY

2014 PMH 10 AM 8 18
OFFICE USE ONLY

(1) Bob Cole

Name

(2) 8651 Riverstone Rd.

Address (number and street)

Milton, FL 32583-2579

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought:

County Commissioner Santa Rosa County, District 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 02 / 01 / 2014

To 02 / 28 / 2014

Report Type: 2014 M2

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 1, 100 . 00

Loans \$ _____, _____, 0 . 00

Total Monetary \$ _____, 1, 100 . 00

In-Kind \$ _____, _____, 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . 00

Transfers to Office Account \$ _____, _____, 0 . 00

Total Monetary \$ _____, _____, 0 . 00

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1, 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 0 . 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:

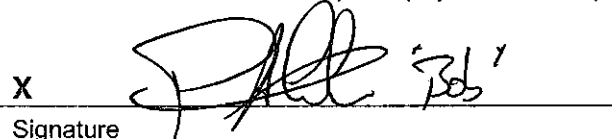
(Type name) Angelia Pope

☐ 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 CONTRIBUTIONS

SUPERVISOR OF ELECTIONS
6495 CAROLINE ST., STE. F
MILTON, FL 32580-4592
(2) I.D. Number

(1) Name Bob Cole

(3) Cover Period 02 / 01 / 2014 through 02 / 28 / 2014 **2014 MAR 14 PM 8 18** Page **8** 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
02 / 05 / 2014	Cole, Bob 8651 Riverstone Rd Milton, FL 32583	I	Business man	CHE			\$100.00
1							
02 / 24 / 2014	James Calkins 8668 Navarre Pkwy STE 136 Navarre, FL 32566	I	Business man	CHE			\$1,000.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

(1) Name Bob Cole

(2) I.D. Number \$

(3) Cover Period 02 / 01 / 2014 through 02 / 28

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TAMPA FL 32570-4592

(4) Page 5 of 5

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