

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS**  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Robert A. Cole  
**Name**

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

Milton, FL 32583-2579

**City, State, Zip Code**

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: N/A

(4) Check appropriate box(es):

☒ Candidate (office sought): County Commissioner *district 2*

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 04 / 01 / 10 To 07 / 16 / 10 Report Type F1

☐ Original ☒ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 4,850.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,381.80

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 5,050.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,381.80

**(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) Susan P. Woodson

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

**X** Susan P. Woodson

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Robert A. Cole

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]

Signature