

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

(1) Bob Rackleff  
Name  
(2) 502-D Hillcrest Street, Tallahassee, FL 32308  
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate (office sought): Leon County Commission - District 5

☐ 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 10/1/2005 To 12/31/2005 Report Type 05-Q4

☐ Original

☒ Amendment

☐ Special Election Report

☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ -250.00

Loans \$ 0.00

Total Monetary \$ -250.00

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 \$ 0.00

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

\$ 168,740.00

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

\$ 167,615.86

**(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.

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

(Type name)

☐ Individual (only for electioneering commun.)

☐ Treasurer

☐ Deputy Treasurer

**X**

Signature

(Type name)

☐ Candidate

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

**X**

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Bob Rackleff **(2) I.D. Number** 78  
**(3) Cover Period** 10/1/2005 through 12/31/2005 **(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
11/30/2005 / /	LOS ROBLES ANIMAL HOSP, 1314 THOMASVILLE RD TALLAHASSEE, FL 32303	B	animal hosp	CH		Delete	\$250.00
1							
11/30/2005 / /	LOS ROBLES ANIMAL HOSP, 1314 THOMASVILLE RD TALLAHASSEE, FL 32303	B	animal hosp	CH		Add	\$0.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

# **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Bob Rackleff

(2) I.D. Number 78

(3) Cover Period 10/1/2005 through 12/31/2005

(4) Page 1 of 0

(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
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