FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Bob Rackleff	OFFICE USE ONLY 78						
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): X 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 12/31/2005						
Cover Period: From / To To	Report Type05-Q4						
☐ Original	Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$	Monetary Expenditures \$ 0.00						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 0.00						
In-Kind \$	Salar decrease (Marca)						
	(8) Other Distributions \$0.00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$77,746.00	\$24,898.15_						
(11) CERT	IFICATION						
	on 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)	(Type name)						
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X	X						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bob Rackleff	(2) I.D. Number						
	10/1/2005	1:		2/31/2005				
(3) Cover Peri	od / /	thre	ough	<i>I I</i>	(4) Pa	ge $_{}^{1}$	of	
		ī						
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)		1.11	O 1 '1 1'	Des 125 cel			
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	K	
Number	City, State, Zip Code NABORS, ROBERT		Occupation attorney	Type CH	Description	Add	Amount \$250.00	
11/17/2005	4504 ROCKBRIDGE HOLLOW TALLAHASSEE, FL 32309	_	accorney	Ch		Add	\$250.00	
1								
11/17/2005	MIKLOWITZ, LINDA 2542 ARTHUR'S COURT TALLAHASSEE, FL 32301	I		СН		Add	\$100.00	
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(1) Name Bob R	ackleff	(2	DRT – ITEMIZED EXPENDITURES (2) I.D. Number 78					
(3) Cover Period	10/1/2005 /through	12/31/2005 //(4	4) Page1	of _	0			
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount			
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