FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Bob Rackleff Name (2) 502-D Hillcrest Street Address (number and street)	OFFICE USE ONLY ONLINE SUBMISSION [1004751]						
☐ CHECK IF ADDRESS HAS CHANGED (3) ID Number:							
(5) REPORT IDENTIFIERS Cover Period: From 11/3/2006 To 2/5/2007 / Report Type TR-G ☐ Original Amendment ☐ Special Election Report ☐ Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT							
Cash & Checks \$838.25	Monetary Expenditures \$ 838.25						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$ 838.25	Total Monetary \$ 838.25						
In-Kind \$	(8) Other Distributions \$ 0.00						
(9) TOTAL Monetary Contributions To Date \$ 170,629.25							
	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. (Type name) Individual (only for electioneering commun.) Treasurer Deputy Treasurer	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bob Rackleff				2) I.D. Numb	er	'8
	11/3/2006		2	/5/2007		_	_
(3) Cover Per	iod / /	thr	ough	<i>I I</i>	(4) Pag	ge	of $\frac{1}{}$
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)			_			
Sequence	Street Address &		ontributor	Contribution	In-kind		8 - 200000 - 1200000 8 00
Number	City, State, Zip Code		Occupation television	Туре	Description	Amendment Add	Amount \$838.2
2/29/2008	8440 Deerlake Rd	1	station	I KE		Add	\$838.2
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bob	Racl	kleff					 (2) I.D. Num	nber	-	78	av.
	1	1/3/2	006		2/5/200	7					
(3) Cover Perio	od	1	1	through_	1	1	(4) Page	1	of	1	

Date Full Name (Cast, Suffix, First, Middle) Sequence Number Purpose (add office sought if contribution to a candidate) Expenditure Type Amendment Amo	(5)	(7)	(8)	(9)	(10)	(11)
Tallahassee, FL 32302	Date (6) Sequence	(Last, Suffix, First, Middle) Street Address &	(add office sought if contribution to a	Expenditure Type	Amendment	Amount
Tallahassee, FL 32302	5/12/2008	Leon County DEC, PO Box 1751	contribut ion	MO	Add	\$838.25
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DS-DE 14 (Rev. 08/03)						