

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

(1) Bill Hancock  
Name

(2) 534 Riverwoods Cir.  
Address (number and street)

Orlando, FL 32825  
City, State, Zip Code

**OFFICE USE ONLY**

2006 OCT -2 P 1:10

SILL COYLE  
SUPERVISOR OF ELECTIONS  
FLORIDA DEPARTMENT OF STATE

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): Orange County Judge, Group 6

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 09 / 01 / 06 To 09 / 15 / 06 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1,156.41

Loans \$ 11,000.00

Total Monetary \$ 12,156.41

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

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 2,211.22

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

Total Monetary \$ 2,211.22

**(8) Other Distributions**

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

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

\$ 84,436.43

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

\$ 69,418.92

**(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) Bill Hancock

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** *Bill Hancock*  
Signature

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

(Type name) Bill Hancock

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

**X** *Bill Hancock*  
Signature