

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

(1) Bill Cowles for O.C. Supervisor of Elections  
Name

(2) 1734 Thoroughbred Drive  
Address (number and street)

Gotha, FL 34734

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): Orange County Supervisor of Elections

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

2008 OCT 15 AM 11:28

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 31 / 08 To 11 / 30 / 08 Report Type TR

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ \_\_\_\_\_ 0.00

Loans    \$ \_\_\_\_\_ 0.00

Total Monetary    \$ \_\_\_\_\_ 0.00

In-Kind    \$ \_\_\_\_\_ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ \_\_\_\_\_ 4,426.30

Transfers to Office Account    \$ \_\_\_\_\_ 5,996.64

Total Monetary    \$ \_\_\_\_\_ 10,422.94

**(8) Other Distributions**

\$ \_\_\_\_\_ 0.00

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

\$ \_\_\_\_\_ 60,080.00

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

\$ \_\_\_\_\_ 60,080.00

**(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) Karl S. Palvisak

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

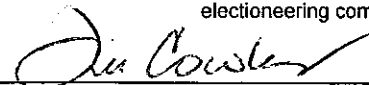
**X** 

Signature

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

(Type name) Bill Cowles

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

**X** 

Signature

Campaign Treasurer's Report - Itemized Expenditures

Name Bill Cowles for O.C. Sprvr. of Elections Campaign  
 Cover Period 10/31/08 through Termination Report

ID Number \_\_\_\_\_ Page 1 of 1

Seq.	Date (mm/dd/yy)	First and Last Name (First, Middle, Last)	Address (Street, City, State, Zip)	Purpose	Expenditure Type	Amendment	Amount
1	11/15/08	Advanced Xerographics Imaging Sys, Inc.	6851 TPC Drive, Orlando, FL 32822	Absentee brochure mailings	MON		\$1,426.30
2	11/15/08	Central Florida Council, Boy Scouts of America	1951 S.O.B.T. #102, Apopka, FL 32703	Donation	MON		\$2,000.00
3	11/19/08	U.C.F. Foundation	12424 Research Pky, #250, Orlando, FL 32826	Donation	MON		\$1,000.00
4	11/19/08	Bill Cowles Office Account	13950 John Young Parkway, Orlando, FL 32837	Close to Office Account	MON		\$5,996.64

**Total Expenditures this Period**

**\$10,422.94**

2011 FEB 15 AM 11:23

501-498-1111