

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

(1) Robert 'Bob' Wilcosky  
**Name**  
 (2) 12500 SW 87th Place  
**Address (number and street)**  
Miami, FL 33176-5210  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 642

(4) **Check appropriate box(es):**  
 Candidate (office sought): Community Council 12/126  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 **Electioneering Communication**

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/19/2008 To 8/1/2008 / Report Type F2-08

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 \$ 160.50

Transfers to Office Account \$ 0.00

Total Monetary \$ 160.50

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 4,520.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 4,209.12

**(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) \_\_\_\_\_

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) \_\_\_\_\_

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

**X** \_\_\_\_\_

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Robert 'Bob' Wilcosky (2) I.D. Number 642

7/19/2008 through 8/1/2008

(3) Cover Period       /      /       through       /      /       (4) Page 1 of 0

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

(1) Name Robert 'Bob' Wilcosky

(2) I.D. Number 642

7/19/2008 through 8/1/2008

(3) Cover Period       /      /       through       /      /      

(4) Page 1 of 1

(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
(6) Sequence Number					
7/31/2008 //	AN Image, 10501 S Dixie Highway Miami, FL 33156	palm cards	MO	Add	\$160.50
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