

**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 8/22/2008 To 11/24/2008 Report Type TR-F0  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 27.03  
 Loans \$ 0.00  
 Total Monetary \$ 27.03  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 337.91  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 337.91

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

**(9) TOTAL Monetary Contributions To Date**  
 \$ 4,547.03

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 4,547.03

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

8/22/2008 through 11/24/2008

(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) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
10/3/2008 / /	Geiger Bros., Mt. Hope Avenue PO Box 1609 Lewiston, ME 04240	B	refund from vendor ov	RE		Add	\$27.03
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Robert 'Bob' Wilcosky

(2) I.D. Number 642

8/22/2008 through 11/24/2008

(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
11/17/2008 / /	Wilcosky, Robert Wooding 12500 SW 87th Place Miami, FL 33176	repayment of loan	MO	Add	\$297.91
1					
10/31/2008 / /	Cocoanut Grove Bk., 2701 South Bayshore Drive Miami, FL 33133	bk. fee	MO	Add	\$40.00
2					
/ /					
/ /					
/ /					
/ /					
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/ /					