

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

(1) DARELL BOWEN for Mayor of WEWINGTON
Name
(2) 12669 HEADWATER WAY
Address (number and street)
WEWINGTON, FL 33414
City, State, Zip Code

OFFICE USE ONLY

02-02-10A10:12 RCVD

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):
 Candidate (office sought): MAYOR OF WEWINGTON
 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 1 / 16 / 10 To 1 / 29 / 10 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ —

Loans \$ —

Total Monetary \$ —

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 344⁰⁰

Transfers to Office Account \$ —

Total Monetary \$ 344⁰⁰

(8) Other Distributions \$ —

(9) TOTAL Monetary Contributions To Date
\$ 14,475.00

(10) TOTAL Monetary Expenditures To Date
\$ 7,047.50

(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) <u>SHERRY BOWEN</u></p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><u>X Sherry Bowen</u> Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) <u>DARELL BOWEN</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p><u>X [Signature]</u> Signature</p>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DARRELL BOWER for Mayor of WELLINGTON (2) I.D. Number _____

(3) Cover Period 1/16/10 through 1/29/10 (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
1/26/10	VILLAGE OF WELLINGTON 14000 GREENGRASS WELLINGTON, FL 33414	FILING FEE	MUN		144.00
1					
1/26/10	WOLVERINE BASEBALL 2101 GREENVIEW SQUARE WELLINGTON, FL 33414	ADVERTISING	MUN		200.00
2					
/ /					
/ /					
/ /					
/ /					
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