FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY	
<ul> <li>(1) Marvin Fowler Sr</li> <li>Name</li> <li>(2) <u>3441 Luther Fowler Rd</u></li> <li>Address (number and street)</li> <li>Pace, FL 32571</li> <li>City, State, Zip Code</li> </ul>	OFFICE USE ONLY SUPERVISOR OF ELECTIONS 6495 CAROLINE ST., STE. F MILTON, FL 325T0-4592 2012 SEP 7 PM 4 30
CHECK IF ADDRESS HAS CHANGED       (3) ID Number:         (4) Check appropriate box(es):       (3) ID Number:         (5) Conditionation       (5) County Commissioner Dist 3         (6) Political Committee       (5) CHECK IF PC HAS DISBANDED         (7) Party Executive Committee       (6) CHECK IF NO OTHER ELECTIONEERING         (7) Electioneering Communication       (6) CHECK IF NO OTHER ELECTIONEERING         (6) COMMUNICATION REPORTS WILL BE FILED       (7) COMMUNICATION REPORTS WILL BE FILED	
(5) REPORT IDENTIFIERS         Cover Period: From 08 / 09 / 2012 To 09 / 07 / 2012 Report Type Termination         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       \$         Transfers to Office         Account       \$         Total         Monetary       \$         Monetary       \$         55.98
(9) TOTAL Monetary Contributions To Date \$6,501.89	(8) Other Distributions \$
(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.       I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I Candidate         I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I Candidate         I certify that I have examined this report and it is true, correct, and complete.         (Type name)       I Candidate         (Signature)       X Mutua         Signature       Signature	

DS-DE 12 (Rev. 08/04)

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES** (1) Name \_\_\_\_ Marvin Fowler Sr (2) I.D. Number \_\_\_\_\_ (3) Cover Period <u>08 / 09 / 2012</u> through <u>09 / 07 / 2012</u> (4) Page 2 of \_\_\_\_\_ 2 (8) (9) (10) (11) (7) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Туре candidate) City, State, Zip Code Amount Amendment Number termination Marvin Fowler Sr ref \$55.98 09 /07 /12 3441 Luther Fowler Rd Pace, FL 32571 1

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES