

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

(1) Norm Luppino
Name
 (2) 485 Magellan Dr
Address (number and street)
Sarasota, FL 34243
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1024974]
 Submitted on:
 10/28/2010 11:41:38 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 741

(4) **Check appropriate box(es):**
 Candidate (office sought): COUNTY COMMISSION - DIST. 4
 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 8/20/2010 To 11/22/2010 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>5.20</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>5.20</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>988.92</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>988.92</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 20,631.53

(10) TOTAL Monetary Expenditures To Date
 \$ 20,631.53

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

(1) Name Norm Luppino (2) I.D. Number 741

8/20/2010 through 11/22/2010

(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		
8/24/2010 / /	M & I Bank, P. O. Box 2045 Milwaukee, WI 53201	B		IN			\$5.20
1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Norm Luppino

(2) I.D. Number 741

(3) Cover Period 8/20/2010 through 11/22/2010

(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
8/23/2010 / /	301 Kwikie Inc., 1093 North Washington Blvd Sarasota, FL 34236	mailouts	MO		\$808.92
1					
8/23/2010 / /	301 Kwikie Inc., 1093 North Washington Blvd Sarasota, FL 34236	post cards & ads	MO		\$180.00
2					
10/8/2010 / /	Luppino, Norm 485 Magellan Drive Sarasota, FL 34243	repay campaign loans	DI		\$1,003.37
3					
/ /					
/ /					
/ /					
/ /					
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