

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

(1) Tim Norwood
Name
(2) 1805 Marilyn Ave
Address (number and street)
Bradenton, FL 34207
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1025771]
Submitted on:
11/19/2010 11:36:58 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 743

(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
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(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 \$ 0.00
 Loans \$ 0.00
 Total Monetary \$ 0.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 243.78
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 243.78

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 2,514.43

(10) TOTAL Monetary Expenditures To Date
 \$ 2,514.43

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tim Norwood (2) I.D. Number 743

8/20/2010 through 11/22/2010

(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 Tim Norwood

(2) I.D. Number 743

(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
(6) Sequence Number					
8/21/2010 / /	Bayshore Gardens, 6919 26th St W Bradenton, FL 34207	advertisements in association newsletter	MO		\$160.28
1					
11/19/2010 / /	Tim Norwood, 1805 Marilyn Ave Bradenton, FL 34207	loan repayment to zero out account.	MO		\$83.50
2					
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