

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

(1) Paul R. Andrews
Name

(2) 10506 Sunbury Dr
Address (number and street)

Port Charlotte, FL 33981
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY
ONLINE SUBMISSION
[1012942]

(3) ID Number: 164

(4) **Check appropriate box(es):**

Candidate (office sought): Airport Authority District 3

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 8/2/2008 To 8/21/2008 Report Type F308

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

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

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>190.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>190.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 9,200.31

(10) TOTAL Monetary Expenditures To Date
\$ 9,069.58

(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.

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(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) _____

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Paul R. Andrews (2) I.D. Number 164

8/2/2008 through 8/21/2008

(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 Paul R. Andrews

(2) I.D. Number 164

(3) Cover Period 8/2/2008 through 8/21/2008

(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					
8/9/2008 //	Gamble, Kathleen 3503 Island View Way Dr. Punta Gorda, FL 33950	brochure design/ layout	MO	Add	\$190.00
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