

**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**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1012946]

CHECK IF ADDRESS HAS CHANGED

(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 11/5/2008 To 2/2/2009 Report Type TRGen

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 \$ 146.05

Transfers to Office Account \$ 0.00

Total Monetary \$ 146.05

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 9,210.31

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 9,210.31

**(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) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_

Signature

I certify that I have examined this report and it is true, correct, and complete.

(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

11/5/2008 through 2/2/2009

(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 11/5/2008 through 2/2/2009

(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					
12/12/2008 / /	HOA, SGC P.O. Box 977 Placida, FL 22946	porta potty	MO		\$5.00
1					
1/18/2009 / /	Andrews, Paul 10506 Sunbury Drive. Port Charlotte, FL 33981	loan repayment	MO		\$141.05
2					
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