LEE COUNTY \ SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	Robert J ANDISASON	
Residence Address	P.O. Box 1778	
City and Zip Code	Lehigh Acres #1 33970	
Mailing Address (if different)	☑ Check if same as above.	
Telephone Number(s) (Daytime)	N/C OR N/C	
Email Address	@ Robert, ANDRONOR Le high Aleres WATCHDOG	, cam
Office Sought	SEAT #4 Lehich HEVES Fire DIST.	
Area, District, Group Or Seat Number	SEAT #4 Lehigh Acres Pire DIST	
Political Party (If Applicable)	NON- PARTISAN	
Date Of Birth Or Voter ID #	4/5/66	
Date	5/5/2008	
Candidate Signature	X della	

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address <u>may be</u> contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	OFFICE USE ONLY
(PLEASE TYPE)	
CHECK APPROPRIATE BOX:	
Original Appointment Deputy Treasurer	Reappointment of Treasurer Secondary Depository
Name of Candidate 1	. Address (include post office box or street, city, state, zip code)
Robert J ANDORSON	P.O. Box 1778 Lehigh Heres Fl 33970
Telephone (optional) 2. Party (Partisan candidates only)	• • • • • • • • • • • • • • • • • • • •
()NA NON-DAVISAN	LAND SEAT #4
I have appointed the following person to act as my	paign Treasurer Deputy Treasurer
4. Name of Treasurer or Deputy Treasurer Robert J House School	
5. Mailing Address (If post office box or drawer add street address	6. Telephone
7. City Light Acres 8. County LISTE	9. State 10. Zip Code 33978
I have designated the following named bank as my	ary Depository Secondary Depository
11. Name of Bank	12. Street Address 1190 Hones TRAIS Rd
13. City Lehichites 14. County LER	15. State 16. Zip Code 3393 4
17. Signature of Candidate	Date 5/5/2018
Campaign Treasurer's Ac	cceptance of Appointment
1. Robert J ANDRASON	, do hereby accept the appointment as
(Please Print or Type) Campaign Treasurer Deputy Treasurer for the c	campaign of Robert J ANDRASEZ.
who is seeking nomination or election as a	- Dax /- Sature candidate to the office of
Who is seeking nomination or election as a Now LAFD Commission Sear # 6/ As a duly i	(Party) registered voter in
County, Florida, I am qualified to accept this appointment.	
• • • • • • • • • • • • • • • • • • • •	AVE READ THE FOREGOING CAMPAIGN TREASURER'S THAT THE FACTS STATED ARE THUE
/ /	
5/5/08 X =	

DS-DE 9 (Rev. 02/06)

Date

SCANNED

Signature of Campaign Treasurer or Deputy Treasurer

1403 and 3DS LISOMAGO KHIBO.

OBMAYOUNG17SIFLescot

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type)

OFFICE USE ONLY

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

7087970981051750ELee (7F)

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida County of Lee

1, Res	e/JAV		am a candidate for the Special District
office of:_	LAFD	Commissioner (district name and di	SRAT # 9 strict #, seat #, or area#)
in the	11/4/08 (date of elec		ը. I understand that my only campaign

expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

As long as these are my only campaign expenses, <u>I will not be required to</u>: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, during my campaign, I am prohibited from expending, collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, <u>prior to doing so</u>, I understand that <u>I AM REQUIRED TO FIRST FILE</u> Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

Signature of Candidate

Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

History 2007 HB537, FS 99.061, FS Chapter 106.021 Revised-3/6/2008 Lee County Special District Forms



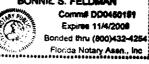
708JUNI64M03565TELecoF1

LOYALTY OATH FOR NON-PARTISAN OFFICE

Γ	'OBJUNUEPMODERICE DECONLY
	OBJUNO2PMO238 SDE Lee Co FI
١	/
l	/

(Sections 876.05-876.10, Florida	Statutes)	/		
STATE OF FLORIDA		/		
LISTE COUNTY	J	./		
, COUNTY	Î	V		
	{	ļ		
I, Robert		ANDERSON		
· ————————————————————————————————————	<u> </u>			
First Name	Middle Name/Initial.	Last Name		
a citizen of the State of Florida and of hereby solemnly swear or affirm that I Florida.		and a candidate for public office do he United States and of the State of		
	OATH OF CANDIDA	ATE		
	(Section 99.021, Florida Statutes))		
I, KOBERT JOHN	ANDERRON			
		OT BE CHANGED AFTER THE END OF QUALIFYING)		
and a contract of the second of the	hal News Fire Diz	- 18a-11		
am a candidate for the office of	11(V 14/16) 1/2 1/2	(district) (group) [[[Line] Tounty, Florida. I am qualified]		
My legal residence is 1/0 3cd	SIE /Phishlapi	County, Florida: I am qualified		
		hich I desire to be nominated or elected. I		
have qualified for no other public office	ce in the state, the term of which	h office or any part thereof runs concurrent		
with the office I seek; and I have resign 99.012, Florida Statutes.	gned from any office from which	I am required to resign pursuant to Section		
00.012,110/ida Olakolo3.				
X	12-6	Ribert Andrewsen &		
	12391634	-6667 ANDERSONSOLDWARDE		
Signature of Candidate	Daytime Telepho	one Number Email Address		
X. O.BON 1778 /01	hid House M	2297		
Address	City	State / ZIP Code		
Audiges	2011	1/ as 1 Str Code		
Sworn to (or affirmed) and subscrib	and hefore me this the	v of 100 8		
onom to (or animody and gabgoris	day	, 200 01 .		
Personally Known: or				
Personally Known.				
Produced Identification:	uced Identification:			
ype of Identification Produced: Signature of Notary Public - State of Fforida				
Print, Type of Stamp Commissioned Name of Notary Public				
	BO	ONNIE S. FELDMAN		
		Comm# DD0450181		
	c community NOTAL	Bonded thru (800)432-4254 Florida Notary Assn., Inc		

1700 as J 372757 M92 MAIL DO.



DS-DE 25 (02/08)



FORM 1	FORM 1 STATEMENT OF				
Please print or type your name, mailing address, agency name, and position be	FINANCIAL	INTERESTS	M053820FTee Co.L.1		
LAST NAME - FIRST NAME - MIDE FUDENSON KC	LE NAME:	FOR OFFIC	The state of the s		
MAILING ADDRESS:					
F10, BG 1771			ID Code		
сіту: / // .	ZIP: COUNTY:		<u></u>		
Lingh Heros	33970 USP		ID No.		
NAME OF OFFICE, OR POSITION H	ELD OR SOLICHT:		punt		
Lichigh Heves Fire	DIST SEATY	<u>'</u>	P. Req. Code		
You are not limited to the apace on the CHECK ONLY IF CANDIDATE	ines on this form. Attach additional sheets OR NEW EMPLOYEE OR A	·	PDF 2007		
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2007 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY SELVE For Dicycle Cumpular Scenars Comparative Services					
NAME OF BUGINESS ENTITY	OF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to but ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
(NA)					
	buildings owned by the reporting person	a	LING INSTRUCTIONS for when nd where to file this form are locat-		
No (100 N) (1)	ed at the bottom of page 2. INSTRUCTIONS on who must file				
	[]() [] []()	GEZTWA9TNNP80:	nis form and how to fill it out begin n page 3.		
			OTHER FORMS you may need to le are described on page 6.		

SCANNE

PART D INTANGIBLE PERSONAL PROPERTY (Sto , TYPE OF INTANGIBLE	cks, bonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES	
(N/D)				
	1			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CRE	DITOR	
(N/A)				
PART F INTERESTS IN SPECIFIED BUSINESSES (Ownership or position	s in certain types of businesses]		
BUSINESS EN	ΠΤΥ#1 <u></u>	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY Lehish Herus C	NATCHDOG			
ADDRESS OF BUSINESS ENTITY P.O. Box 177	(Lichy Mars			
PRINCIPAL BUSINESS NIGUS				
POSITION HELD ROSTOPST				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS VSS				
NATURE OF MY OWNERSHIP INTEREST Ownership interest	idant			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required);		DATE SIGNED (required): 5/25/08	
	T TNICY TNICY	TRUCTIONS.	120100	

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

FILING INSTRUCTIONS:

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Taliahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Taliahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

SCANNE

708DEC17#110525DEL#eCoF1

		Due 2/2/09
	FLORIDA DEPARTMENT OF STA CAMPAIGN TREASUREI	ATE DIVISION OF ELECTIONS / REPORT SUMMARY
	ROBERT ANDERSON Name P O BOX 1778, LEHIGH ACRES, FL 33970 Address (number and street)	REPORT
(4)	City, State, Zip Code CHECK IF ADDRESS HAS CHANGED Check appropriate box(es):	(3) ID Number:
	☑ Candidate (office sought): LEHIGH ACRES FI ☐ Political Committee [☐ Committee of Continuous Existence [☐ Party Executive Committee [☐ Electioneering Communication [TIRE-4 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
l	(5) REPORT I rer Period: From 10/31/2008 To Driginal Amendment Special Election	IDENTIFIERS 2/2/2009 / Report Type TR-4 Report Independent Expenditure Report
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cast	h & Checks \$	Monetary Expenditures \$ 160.83
Loan	ns \$0.00	Transfers to Office Account \$ 0.00
Total	al Monetary \$ 0.00	Total Monetary \$ 160.83
In-Kir	ind \$	(8) Other Distributions
		(8) Other Distributions 0.00
(9)	TOTAL Monetary Contributions To Date \$6,149.46	(10) TOTAL Monetary Expenditures To Date \$6,149.46
	(11) CERTII It is a first degree misdemeanor for any perso	
certify that I have examined this report and it is true, correct, and complete. (Type name) Che The lines Complete		(Type name) Robert And Nosey Candidate Chairperson (on the PC, PTY & electioneering certifium, organization)
X	gnature	Signature

(1) Name ROBERT ANDERSON			(2) I.D. Number				
	10/31/2008		2	2/2/2009			
(3) Cover Peri	od///	thr	ough	11_	(4) Page		of 0
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	1	Туре	Description	Amendment	Amount
	- - -						
I I							
I I							
1 1							
1 1							
1 1							
, ,							
1 1							

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name ROBE (3) Cover Period	10/31/2008 2 d/through	/2/2009	2) I.D. Number 1) Page1		1
(5) Date (6) Sequence Number	(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	(†0) Amendment	(11)
11/15/2008	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	re-payment of loan	МО		\$160.8
//					
//					
_//					
11					***************************************
11					

Due 10/31/08 Man	ILLULUA "105/08 5
FLORIDA DEPARTMENT OF ST	R'S REPORT SUMMARY FOULS
(1) ROBERT ANDERSON Name (2) P O BOX 1778, LEHIGH ACRES, FL 33970 Address (number and street)	──
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED (4) Check appropriate box(es): X Candidate (office sought): LEHIGH ACRES E	
 ☐ Political Committee ☐ Committee of Continuous Existence ☐ Party Executive Committee ☐ Electioneering Communication 	CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
Cover Period: From 10/11/2008 To Special Election	IDENTIFIERS 10/30/2008 / Report Type G4
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$0.00	Monetary Expenditures \$ 1,133.11
Loans \$ 649.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 649.00	Total Monetary \$ 1,133.11
In-Kind \$	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$6,149.46_	(10) TOTAL Monetary Expenditures To Date \$
It is a first degree misdemeanor for any pers	IFICATION on to falsify a public record (ss. 839.13, F.S.)
Correct, and complete. (Type name) (Type name)	Correct, and complete. (Type name) Charperson (any for PC, PTY & electioneering companization)
X Signature	X Signature

(1) Name	ROBERT ANDERSON			(2) I.D. N umbe	r	73
	10/11/2008 od///		10/30/2008	/A\ Page	1	of ¹
(3) COVEL PEIN	,	uwoogn	- ' —— ' —	(4) rag	= <u></u> -	
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation		Description	Amendment	Amount
10/23/2008	Anderson, Robert J	I candidate	e LO			\$474.00
1						
10/24/2008	Anderson, Robert J	I camdidate	e LO			\$75.00
2						
10/30/2008	Anderson, Robert J	I candidate	e LO			\$100.00
3						
, , ,						
1 1						
1 1						
1 1					···	
1						
		,			į	

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name _	ROBERT	ANDERS	ON					(2) I.D. Num	ber		73	
		10/11/2	800		10/30/	/2008			-			
(3) Cover P	eriod	/	_/	through _	/_	/_	_	(4) Page	1	of	3	

1 10/14/2008 7	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Anderson, Robert J Anderson, Robert J Anderson, Robert J	Purpose (add office sought if contribution to a candidate) reimburse candidate ment reimburse candidate ment reimburse candidate ment	Expenditure Type MO MO	Amendment	\$6.1: \$14.2:
1 10/14/2008 7	Anderson, Robert J	reimburse candidate ment			
2		candidate ment reimburse	мо		\$14.2
10/14/2008 7	Anderson, Robert J	reimburse	ļ		
3		ment travel	MO		\$30.00
	Walmart, Lee Blvd Lehigh Acres, Fl 33936	supplies	МО		\$51.77
10/14/2008 7	Anderson, Robert J	reimburse candidate ment for loan	MO		\$120.00
10/17/2008 A	Anderson, Robert J	reimburse candidate ment for loan	мо		\$200.00
10/22/2008 A	Anderson, Robert J	reimburse candidate ment	МО		\$40.00
10/23/2008 A	anderson, Robert J	reimburse candidate ment	МО		\$40.00

(1) Name _	ROBERT	ANDERS	ON				 (2) I.D. Num	ber		73	
		10/11/	2008		10/30/2	2008					
(3) Cover F	Period	1	1	through		_/	 (4) Page	2 _	of	3	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Fuil Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/27/2008 9	Anderson, Robert	reimburse candidate ment	МО		\$70.00
10/27/2008	Art type, Work Dr Ft Myers, Fl 33901	signs	МО		\$283.02
10/27/2008	Murphy Oil, Lee Blvd Lehigh Acres, Fl 33936	gas	МО		\$40.00
10/27/2008	Beef O Bradys, Lee blvd Lehigh Acres, Fl 33936	campaign staff meeting	MÓ		\$33.00
10/27/2008	Walmart, Lee Blvd Lehigh Acres, Fl 33936	supplies	МО		\$21.59
10/27/2008	Anderson, Robert	reimburse candidate ment	МО		\$20.00
10/27/2008	Anderson, Robert	reimburse candidate ment	МО		\$20.00
10/27/2008	Anderson, Robert J	reimburse candidate ment	МО		\$20.00

(1) NameR	OBERT	ANDERS	ON				 (2) I.D. Nun	nber	7	'3	
		10/11/	2008		10/30/2	8008					
(3) Cover Po	eriod	/_	_1	through _	_/_	_/_	 (4) Page	3	of	3	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/27/2008	Anderson, Robert J	reimburse candidate ment	МО		\$10.46
10/28/2008	Old Time Pottery, Folwer St Ft Myers, Fl 33901	supplies- thank you items	МО		\$12.70
10/28/2008	Anderson, Robert J	reimburse candidate ment	МО		\$19.41
10/30/2008	Hess, Homestead Rd Lehigh Acres, Fl 33936	drinks for staff	МО		\$5.56
10/30/2008	Anderson, Robert J	reimburse candidate ment	МО		\$75.26
11					
//					
//					

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ROBERT ANDERSON	OFFICE USE ONLY 73
Name	
(2) P O BOX 1778, LEHIGH ACRES, FL 33970	
Address (number and street)	1 4 11 1
City, State, Zip Code	Due lofiglos
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):	
X Candidate (office sought): LEHIGH ACRES F	IRE-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 9/27/2008	IDENTIFIERS 10/10/2008
Cover Period: From/	/ Report Type G3
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 1,000.00	Monetary Expenditures \$ 536.64
Loans \$ 102.40	Transfers to Office Account \$ 0.00
Total Monetary \$ 1,102.40	Total
	Monetary \$ 536.64
In-Kind \$	
	(8) Other Distributions \$ 0.00
	3
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
5,500.46	\$4,855,52_
(11) CERT	FICATION
It is a first degree misdemeanor for any pers	
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) KCDEY) AND MUSE	(Type name) Ribert Autroson
Individual (only for Treasurer Deputy Treasurer	Candidate Chairperson (only for PC, PTY &
election eering commun.)	efectionsetting commun. organization)
Signature	Signature
Organisation C	Oigriature C

(1) Name	ROBERT ANDERSON		(2)	I.D. Number		73
(3) Cover Perio	9/27/2008 d////	through	10/10/2008	(4) Page	_1	of 1
(5)	(7)	(8)	(9)	(10)	(11)	(12)

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/3/2008	Anderson, Robert J PO Box 1778 Lehigh Ares, Fl 33970	0	candidate	LO			\$28.4
10/6/2008	Public Concepts LLC, 5730 Corporate Way WPB, Fl 33407	В	consulting	СН			\$500.00
10/6/2008	Free Speech PAC, 5730 Corporate Way Suite 2: WPB, Fi 33407	C 14	pac	СН			\$500.00
10/6/2008	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I	candidate	LO			\$74.0
<i>I</i>							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name_ROBER	RT ANDERS	ON					(2) I.D. Num	iber		73	
	9/27/20	008		10/10/	2008			-	,		
(3) Cover Period	/	_/	through_	/	/	_	(4) Page	1	of	2	

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/29/2008	Anderson, Robert	travel	МО		\$21.00
10/1/2008	Anderson, Robert	travel	МО		\$21.00
10/3/2008	UPPS, Lehigh Acres,	stamps	МО		\$7.56
10/6/2008	Godaddy, AZ	website update	МО		\$8.19
10/6/2008	Anderson, Robert	travel	МО		\$21.00
10/7/2008	Anderson, Robert	travel	МО		\$35.00
7	Anderson, Robert	reminburs ement for staff meeting	МО		\$51.00
10/9/2008	Anderson, Robert	rembureme nt for campaign suppiles	MO		\$71.02

(1) Name _	ROBERT	ANDERS	NC				 (2) I.D. Num	ber		73	
-		9/27/20	08		10/10/2	800					
(3) Cover P	eriod	1	1	through	/	1	(4) Page	2	of	2	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Fuil Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9	Anderson, Robert	petty cash	МО		\$20.00
10/10/2008	Signs Today, Lehigh Acres, Fl 33936	signs	МО		\$44.52
10/10/2008	Signs Today, Lehigh Acres, Fl 33936	signs	МО		\$165.36
10/10/2008	Home Depot, Ft Myers, Fl 33936	items for signs	МО		\$70.99
//					
DS-DE 14 (Rev. 0					

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ROBERT ANDERSON Name (2) P O BOX 1778, LEHIGH ACRES, FL 33970	OFFICE USE ONLY 73
Address (number and street)	1
City, State, Zip Code	Due 10/3/08
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):	(o) is identical.
☐ Candidate (office sought): LEHIGH ACRES F	FIRE-4 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	9/26/2008 / Report Type ^{G2}
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 0.00	Monetary Expenditures \$ 63.03
Loans \$0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 0.00	Total Monetary \$ 63.03
In-Kind \$ 0.00	
	(8) Other Distributions
	\$0.00
(9) TOTAL Monetary Contributions To Date \$4,398.06	(10) TOTAL Monetary Expenditures To Date \$4,318_88.
	IFICATION
	on to falsify a public record (ss. 839.13, F.S.)
correct, and complete	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Kebert Hubrerson	(Type name) Kibert Hudirisa
Individual (only for election eering commun.)	Candidate Chairperson (only for PC DTY & elections in commun. organization)
X	X
Signature Communication Signature	Signature

(1) Name	ROBERT ANDERSON (2) I.D. Number 73								
	9/13/2008			/26/2008			_		
(3) Cover Perio	od / /	thro	ugh	//	(4) Pag	je <u>1</u>	of 0		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &		ntributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
J J									
1 1									
1 1									
1 1									
1 1				•					
1 1									
, ,									

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name_	ROBERT	ANDERS	ON		(2) I.D. Number	7	<u> </u>
		9/13/20	800	9/26/2008			
(3) Cover	Period _	/	_/	through//	(4) Page 1	of	<u> </u>

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middie) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/15/2008	Anderson, Robert	candidate travel	МО		\$20.01
9/17/2008	Anderson, Robert	candidate travel	МО		\$21.00
9/22/2008	Anderson, Robert	candidate travel	МО		\$22.02
//					
//					
<i> </i>					
11					· · · · · · · · · · · · · · · · · · ·
//					

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	TATE DIVISION OF ELECTIONS ER'S REPORT SUMMARY				
(1) ROBERT ANDERSON	OFFICE USE ONLY 73				
Name					
(2) P O BOX 1778, LEHIGH ACRES, FL 33970					
Address (number and street)					
Att. ALA. Th. A.J.	— Due 9/19/08				
City, State, Zip Code					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es): X Candidate (office sought): LEHIGH ACRES F	א_שמדס_ ∧				
☐ 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 8/22/2008 To	9/12/2008 / Report Type ^{G1}				
☑ Original ☐ Amendment ☐ Special Election					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$0.00	Monetary Expenditures \$ 88.38				
Loans \$ 230.00	Transfers to Office Account \$ 0.00				
Total Monetary \$ 230.00	Total Monetary \$ 88.38				
In-Kind \$	Morrossiy				
	(8) Other Distributions \$ 0.00				
(9) TOTAL Monetary Contributions To Date \$4,398_06.	(10) TOTAL Monetary Expenditures To Date \$4,255.85				
` '	FIFICATION son to faisify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,				
correct, and complete.	correct, and complete.				
(Type name) Kebert Homemon	(Type name) Rober / Amirasi				
Individual (only for electioneering commun.)	Candidate Chairperson (mly for PC, PTY & electionsering commun. organization)				
X	X				
Signature /	Signature				

(1) Name ROBERT ANDERSON (2) I.D. Number							
	8/22/2008 iod////		9	/12/2008	(4) Page	<u> </u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8) Contributor	(9) Contribution	1	(11)	(12)
Number 8/28/2008 /	City, State, Zip Code Anderson, Robert PO BOX 1778 Lehigh Acres, Fl 33970	Type	Occupation candidate loan	LO	Description	Amendment	\$30.00
9/12/2008	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I	candidate loan	LO			\$200.00
1 1							
I I		, q					
1 1							
I I							
1 1							
1 1							

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	ROBERT ANDERSON		(2) I.D. Number	73	
(2) Onum	8/22/2008	9/12/2008	(A) Down		
(3) Cover	Period/	through/	(4) Page <u>1</u>	_ 이	-

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/29/2008	Godaddy, AZ	domain updates	МО		\$12.38
8/29/2008	Anderson, Robert	travel	МО		\$16.00
9/12/2008	Anderson, Robert	travel / gas /	МО		\$60.00
//					
//					
DS-DE 14 (Rev					

	FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY				
•	ROBERT ANDERSON Name	OFFICE USE ONLY 73				
(2)	P O BOX 1778, LEHIGH ACRES, FL 33970 Address (number and street)	I / LINDA				
: 	City, State, Zip Code ☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number				
(4)						
	(5) REPORT	IDENTIFIERS				
	er Period: From 8/2/2008 To	8/21/2008 / Report Type F3				
<u> </u>	riginal Amendment Special Election	Report Independent Expenditure Report				
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Casł	n & Checks \$0.00	Monetary Expenditures \$ 0.00				
Loan		Transfers to Office Account \$ 0.00				
	Monetary \$ 6.00	Total Monetary \$ 0.00				
In-Ki	nd ⊅	(8) Other Distributions \$ 0.00				
(9)	TOTAL Monetary Contributions To Date \$4,168.06	(10) TOTAL Monetary Expenditures To Date \$4,167.47_				
	(11) CERT					
corre	ify that I have examined this report and it is true, ct, and complete. Popular Deputy Treasurer Deputy Treasurer Ction earing commun.)	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate Chairperson (only for PC, PTY & elections commun. organization) Signature				

	(1) Name	ROBERT ANDERSON	(2) I.D. Number							
		8/2/2008	8/21/2008							
	(3) Cover Peri	iod////	through	_11	(4) Page	of				
	(5) Date	(7) Full Name	(8)	(9)	(10)	(11) (12)				
	(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment Amount				
	8/21/2008 /	Anderson, Robert PO Box 1778 Lehigh Acres, Pl 33970	I loan	LO	Ac	id \$6.00				
	1									
	1 1									
	1 1									
_	l l									
	1 1									
_	1 1									
	1 1									
	1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name ROBER	CAMPAIGN TREASURER'S F T ANDERSON	(2	2) I.D. Number		73
(3) Cover Period	8/2/2008 8/ /through	/21/2008 _//(4	4) Page <u>1</u>	of _	0
(5) Date (6) Sequence Number	(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)	(11) Amount
//					
//					
/					
//					

Chrose Sport

ALL MASSOC SOA CL

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL.

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888 Julled blokethand of the bolle billen

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ROBERT ANDERSON	OFFICE USE ONLY 73
Name (2) P O BOX 1778, LEHIGH ACRES, FL 33970	1
Address (number and street)	
City, State, Zip Code	Due 8/22/08
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es): X Candidate (office sought): LEHIGH ACRES I Political Committee	PIRE-4 CHECK IF PC HAS DISBANDED
☐ Committee of Continuous Existence ☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED
<u> </u>	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
8 /2 /2008 (5) REPORT	IDENTIFIERS
Cover Period: From / To	8/21/2008 / Report Type F3
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 0.00	Monetary Expenditures \$ 109.00
Loans \$ 48.73	Transfers to Office Account \$ 0.00
Total Monetary \$ 48.73	Total Monetary \$ 109.00
In-Kind \$	
	(8) Other Distributions \$0.00
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$4,167.47_
· ·	IFICATION
It is a first degree misdemeanor for any pers 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) Individual (only for Treasurer Deputy Treasurer De	(Type name) Candidate Chairperson (only for PC, PTY & size increasing commun. organization)
X	*
Signature	Signature

(i) isome _	ROBERT ANDERSON				(2) I.D. Numbe	·r	7.3
	8/2/2008		8	/21/2008			
(3) Cover Pe	riod / /	thr	ough	<i>' '</i> _	(4) Pag	e <u>1</u>	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	С	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
8/5/2008 / /	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I	candidate loan	LO			\$41.
1			k				
8/6/2008	Anderson, Robert	I	candidate loan	LO			\$6.5
	Lehigh Acres, Pl 339700111:	•	kbr		1		
2							
1 1							,
1 1							
					-		
1 1	_						
1 1							
11					1		
_11					1		

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name ROBERT ANDERSON	(2) I.D. Number	73
8/2/2008	8/21/2008	
(3) Cover Period/ th	ough/of	ř <u> </u>

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
8/6/2008	BEEF O BRADYS, Lehigh Acres,	meeting	МО		\$34.00	
8/8/2008	CVS, Lehigh Acres,	election supplies	МО		\$18.00	
8/8/2008	CVS, Lehigh Acres,	election supplies	MO		\$55.00	
8/20/2008	ÚSPS, Lehigh Acres,	postage	МО		\$2.00	
//						
//					4	
//						
11						

*08AUG25PH0146 SOE Lee Co F1

Trosports 12800

TO ACCUPATE OUR TO

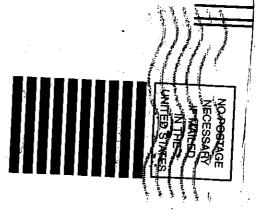
丁一 四日 在在在 丁丁 多年

BUSINESS REPLY MAIL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888

հուհուհենուհեր հուների հետ հեն և հենում



FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) ROBERT ANDERSON Name (2) D. G. BOY 1889 A FRIGHT AGREE BY 22089	OFFICE USE ONLY 73
(2) P O BOX 1778, LEHIGH ACRES, FL 33970 Address (number and street)	
Address (Italiber and succy	7 0/0/10
City, State, Zip Code	Due 8/8/08
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es): X Candidate (office sought): LEHIGH ACRES F Political Committee Committee of Continuous Existence	CHECK IF PC HAS DISBANDED
☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
7/19/2008	IDENTIFIERS 8/1/2008
Cover Period: From/ To	/ / Report Type
⊠ Original	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 0.00	Monetary Expenditures \$ 1,035.48
Loans \$ 40.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 40.00	Total Monetary \$ 1,035.48
In-Kind \$	
	(8) Other Distributions \$0.00
(9) TOTAL Monetary Contributions To Date \$4,113.33	(10) TOTAL Monetary Expenditures To Date \$4,058.47.
	IFICATION
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) Individual (only for Carrier Deputy Preasurer electioneering commun.)	(Type name) Candidate Chairperson (only for PC, PTY & gladionesting commun. organization)
X Marie Land	X
Signature	Signature

(1) Name	OBERT ANDERSON (2) I.D. Number 73								
	7/19/2008		3/1/2008						
(3) Cover Per	iod / /	through	//_	(4) Page	1	of			
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount			
7/19/2008	Lehigh Acres Watchdog, Inc, PO Box 1778 Lehigh Acres, Fl 33970	B local news	IK	domain names, web space and design		\$500.00			
7/31/2008	Anderson, Robert John PO Box 1778 Lehigh Acres, Pl 33970	I canididat	LO			\$40.00			
2									
1 1	_								
1 1									
1 1									
1 1									
1 1									
1 1									

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	ROBERT	ANDERSO	ON				(2) I.D. Num	ber	7	3	
		7/19/20	08		8/1/2008						
(3) Cover	Period	/	_/	through_	/	_/	(4) Page	1	of	_2	

(5)	(7)	(8)	(9)	(10)	(11)
Date Full Name (6) (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/19/2008	Anderson, Robert John	candidate	MO		\$34.00
1		reimburse ment			
7/21/2008	Anderson, Robert John	candidate	MO		\$20.00
2		reimburse ment			
7/21/2008	LOZANOS MEXICAN Restaurant,	meeting	МО		\$28.52
7/21/2008	DJANS LEHIGH ACRES,	printing	MO		\$36.85
7/24/2008	Anderson, Robert John	reimburse candidate ment & withdrawn of loan	МО		\$740.00
7/28/2008	Anderson, Robert	reimburse candidate ment	МО		\$6.27
7/28/2008	Anderson, Robert	reimburse candidate ment	МО		\$39.00
7/28/2008	Anderson, Robert	candidate reimburse ment	МО		\$48.73

(1) Name _	ROBERT	ANDERSO	ON					(2) I.D. Num	nber		73	
		7/19/20	08		8/1/200	8						
(3) Cover F	eriod	/	_/	through _	/	_/	_	(4) Page	2	of _	2	

(5)	(7)	(8)	(9)	(10)	(11)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
7/29/2008 9	Colonial Bank,	petty cash	PW		\$20.0	
7/30/2008	NEWS PRESS,	news paper	МО		\$10.3	
7/30/2008	Anderson, Robert	candidate reimburse ment	МО		\$32.50	
8/1/2008	PERKINS - Lehigh Acres,	meeting	MO		\$19.20	
_ / /						
DS-DE 14 (Rev.						

	FLORIDA DEPARTMENT OF STA	
(1)	ROBERT ANDERSON	OFFICE USE ONLY 73
	Name	
(2)	P O BOX 1778, LEHIGH ACRES, FL 33970	_ /
	Address (number and street)	$ \frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
	City, State, Zip Code	— Due 1/25/08
	CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4)	Check appropriate box(es):	TDE 4
	X Candidate (office sought): LEHIGH ACRES F	
	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	
	4/1/2008	7/18/2008
Cov	er Period: From/ To	Report Type F1
XC	Original Amendment Special Election	Report Independent Expenditure Report
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cas	h & Checks \$500.00	Monetary Expenditures \$ 3,022.99
Loar	ns \$3,573.33	Transfers to Office Account \$ 0.00
Tota	Monetary \$ 4,073.33	Total Monetary \$ 3,022.99
In-K	ind \$	3,022.33
		(8) Other Distributions \$
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$ 4,073.33	\$3,022.99
	(11) CERT	
	It is a first degree misdemeanor for any pers	
	tify that I have examined this report and it is true, ect, and complete.	I certify that I have examined this report and it is true, correct, and complete.
	ype name)	(Type name)
ele	Individual (only for Deputy Treasurer ectioneering commun.)	Gendidate Chetipersen contylor PC, PTY &
X		X/////
/5	ignature	Signature

(1) Name	ROBERT ANDERSON			2) I.D. Number		-
(3) Cover Peri	od///		7/18/2008 _//	(4) Page	1	of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	in-kind Description	Amendment	Arnount
5/5/2008	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	LO			\$1.0
1						
5/7/2008	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	LO			\$18.3
2						
5/14/2008 / /	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I randidate	LO			\$7.00
3				1		
5/19/2008 / /	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	LO			\$17.00
4						
5/23/2008 / /	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	LO			\$200.00
5						:
6/16/2008 / /	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	LO			\$1,000.00
6						
6/18/2008	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	LO			\$1,000.00
7					i I	
6/20/2008	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	LO			\$296.00

(1) Name	ROBERT ANDERSON	(2) I.D. Number					
	4/1/2008		7/18/2008				
(3) Cover Per	riod/_///	through	1	(4) Page	2	of	
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount	
6/30/2008 / /	Anderson, Robert PO Box 1778 Lehigh Acres, F1 33970	I candidate				\$560.00	
7/7/2008 / /	Anderson, Robert PO Box 1778 Lehigh Acres, Fl 33970	I candidate	e LO			\$474.00	
7/9/2008 / /	I & E Business, 607 Williams Rd Lehigh Acres, Fl 33972	B builder	СН			\$500.00	
<u> </u>							
l l				,			
1 1							
ı ı							

(1) Name	ROBERT	ANDERSON		(2) i.D. Number	7	13
		4/1/2008	7/18/2008	- ,		
(3) Cover	Period		through//	(4) Page1	of	7

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose {add office sought if contribution to a candidate}	Expenditure Type	Amendment	Amount
5/14/2008	Clarke American,	checks	МО		\$20.43
5/20/2008	Anderson, Robert	reimburse ment	МО		\$20.00
5/27/2008	Casual Male,	shirts from candidate	МО		\$47.70
5/27/2008	Vista Print,	post cards and etc	МО		\$95.59
7/18/2008	Anderson, Robert	reimburse ment	МО		\$30.00
6/2/2008	USPS,	postage	МО		\$27.00
6/19/2008	Millers Ale House,	campaigns taff meeting	МО		\$31.94
6/19/2008	Office Max,	campaign office supplies	МО		\$32.83

(1) Name		ANDERSON				(2) I.D. Nu	mber	-	/3	
(.,		4/1/2008		7/18/20	08					
(3) Cover F	eriod _	/	/through_	/	_/	(4) Page_	2	of		

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/19/2008	Anderson, Robert	reimburse ment for travel	MO		\$100.00
6/20/2008	Anderson, Robert	reimburse ment and withdraw of loan	МО		\$950.00
6/23/2008	FEDEX,	postage	МО		\$26.63
6/23/2008	Vista Print,	campaign signage	МО		\$29.99
6/23/2008	Olive Garden,	campaign staff meeting	МО		\$32.00
6/23/2008	Anderson, Robert	reimburse ment	МО		\$36.00
6/23/2008	Anderson, Robert	reimburse ment	МО		\$64.00
6/23/2008	Vista Print,	campaign palm card and other liteture	МО		\$137.55

(1) Name _1	ROBERT	ANDERSON	ſ			4	 (2) I.D. Nui	mber		/3	
• -		4/1/2008			7/18/2	800					
(3) Cover P	eriod	/	/	through	/	_/	 (4) Page _	3	of	7	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/23/2008	Anderson, Robert	reimburse ment	МО		\$200.00
6/24/2008	Anderson, Robert	reimburse ment	МО		\$3.11
6/24/2008	Walgreens,	campaign supplies	МО		\$19.52
6/24/2008	Beef O Bradys,	campaignm eeting	MO		\$36.78
6/24/2008	Wal-Mart,	campaign items	МО		\$36.75
6/24/2008	Djans,	shirts	МО		\$43.96
6/24/2008	Anderson, Robert	reimburse ment	МО		\$20.00
6/27/2008	Anderson, Anderson	reimburse ment	МО		\$60.00

(1) Name _	ROBERT ANDERSON		(2) I.D. Number	73
_	4/1/2008	7/18/2008		
(3) Cover F	Period///	_through//	(4) Page <u>4</u>	_of

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/30/2008	Wal-Mart,	misc campaign items	MO		\$20.70
6/30/2008	Anderson, Robert	reimburse ment for travel	МО		\$34.00
7/1/2008	Anderson, Robert	reimburse ment	МО		\$7.00
7/2/2008	Anderson, Robert	reimburse ment for staff meeting	МО		\$26.00
7/2/2008	Anderson, Robert	reimburse ment	МО		\$48.00
7/2/2008	Coloinal Bank,	petty cash	PW		\$100.00
7/3/2008	Golden Corrral,	campaign staff meeting	МО		\$28.48
7/3/2008	Anderson, Robert	reimburse ment	МО		\$60.00
DS-DE 14 (Rev	Pomos .		<u> </u>	<u> </u>	

(1) Name	ROBERT	ANDERSON				(2) I.D. Num	ber	7	73	
•		4/1/2008		7/18/20	08					
(3) Cover f	eriod	I = I	through	1		(4) Page	_5	of	7	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/9/2008	Wal-Mart,	campaign items	МО		\$32.02
7/9/2008	Beef O Bradys,	campaignm eeting	МО		\$41.00
7/9/2008	Anderson, Robert	reimburse ment	МО		\$1.58
7/10/2008	USPS,	postage	МО		\$9.70
7/10/2008	Anderson, Robert	reimburse ment	МО		\$20.00
7/11/2008	Wal-Mart,	supplies for meet and greet	МО		\$11.15
7/11/2008	Anderson, Robert	reimburse ment	МО		\$25.00
7/11/2008	Beef O Bradys,	campaign meeting	МО		\$30.00

(1) Name ^I	ROBERT	ANDERSO	ON		(2) I.D. Number	7	73	
		4/1/200		7/18/2008				
(3) Cover P	eriod	Ì	1	through / _/	(4) Page 6	of	7	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/11/2008	Colonial bank,	petty cash	PW		\$100.00
7/14/2008	Djans,	printing	МО		\$27.56
7/14/2008	Anderson, Robert	reimburse ment for travel	MO		\$36.02
7/14/2008	Wal-Mart,	campaign items	МО		\$137.20
7/15/2008	Anderson, Robert	reimburse ment	МО		\$20.00
7/16/2008	News-Press,	news paper subspition	мо		\$17.29
7/16/2008	Anderson, Robert	reimburse ment for meeting	MO		\$40.00
7/16/2008	Wal-Mart,	campaign items for second meet and greet	МО		\$40.11

Name ROBERT Cover Period	ANDERSON 7, / / through	/18/2008 / / /	ZED EXPENDITURES (2) I.D. Number 73 (4) Page 7 of 7			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zlp Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)	
/17/2008 US	SPS,	postage	МО		\$8	
//						
//						
11					- 	
//						
11						
//					<u> </u>	