FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) NORMAN S. ANDERSON NORMAN ANDERSON Candidate, Committee or Party Name I.D. Number **(3)** P.O. BOX 450 33001 LONG KEY Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): ______ Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2008 To 11/13/2008 Cover Period: Report Type: Lay 🖊 Original Special Election Report Independent Expenditure Report Amendment (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 500.00 Cash & Checks Expenditures Transfers to Office 500.00 0.00 Loans Account 500.00 500.00 Total Monetary Total Monetary 0.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 500.00 500.00 \$ (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 I certify that I have examined this report and it is true. true, correct and complete correct and complete Name of Candidate Chairman (PC/PTY only) Name of Treasurer Deputy Treasurer X Signature Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	NORMAN S. ANDERSON				(2) I.D. Number NORMAN ANDER				
				/12/22					
(3) Cover Perio	od	_ through __	11/	13/2008			1 of		
(5) Date	(7) Full Name			(8)	(9)	(10)	(11)	(12)	
(6)	(Last, Suffix, First,		Coı	ntributor					
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount	
	ANDERSON NORMAN		I	SALES	LOA			500.00	
8/8/2008	P.O. BOX 450 LONG KEY, FL 33001								
1									
DS-DE 13 (7/98	SEF	REVERSE F	OR IN	 STRUCTIO	 NS AND CO	DE VALUES			

DS-DE 13 (7/98)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	NORMAN S. ANDERSON			(2) I.D. Number NORMAN ANDERSON				
(3) Cover Period	7/1/2008	through	11/13/2008	(4) Page	1	of	1	

(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
8/8/2008	CITY OF LAYTON P.O. BOX 778 LONG KEY, FL 33001	FILING FEE	MON		100.00
1					
8/8/2008	ANDERSON NORMAN P.O. BOX 450 LONG KEY, FL 33001	REFUND LOAN TO SELF	MOM		400.00
2					
OS-DE 14 (7/98	SEE REVERSE FOR	 INSTRUCTIONS AND C	ODE VALUES		