FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) NORMAN HIGGINS (2) NORMAN HIGGINS Candidate, Committee or Party Name I.D. Number **(3)** P.O. BOX 672 33037 KEY LARGO Address (number and street) State Zip Code Check box if address has changed since last report (4) Check appropriate box(es): Candidate (office sought): _____ KEY LARGO WASTEWATER BD Check if PC has DISBANDED Political Committee Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS From 7/1/2006 To 7/28/2006 Cover Period: Report Type: F1 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 108.00 Cash & Checks Expenditures Transfers to Office 0.00 140.00 Loans Account 140.00 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 108.00 140.00 \$ (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	HIGGIN	S		(2)	I.D. Numb	er <u>NORMAN</u>	HIGGI
(3) Cover Peri	od	_ through ₋	7/	28/2006	(4)	Page	1 of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First,		Coi	(8) ntributor	(9)	(10)	(11)	(12)
Sequence Number	Street Address City, State, Zip		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/17/2006	HIGGINS NORMAN P.O. BOX 672 KEY LARGO, FL 33037	7	I	CANDID TE	LOA	·		140.00
1								
DS-DE 13 (7/98	SEE	REVERSE F	OR IN	STRUCTIO	NS AND CO	DE VALUES	-	

DS-DE 13 (7/98)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	NORMAN HIGGINS			(2) I.D. Number NORMAN HIGGINS				
(3) Cover Period	7/1/2006	through	7/28/2006	(4) Page	1	of	1	

	(7)	(0)	(0)	(10)	(1.1)
(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
7/17/2006	SUPERVISOR OF ELECTIONS 88820 O/S HWY TAVERNIER, FL 33070	QUALIFYING FEE	МОМ		108.00
1					
DS-DE 14 (7/98	SEE REVERSE FOR 1	NSTRUCTIONS AND C	ODE VALUES		