FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) ANDREW TOBIN ANDREW TOBIN Candidate, Committee or Party Name **(3)** P.O. BOX 620 33070 TAVERNIER 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 10/14/2006 To 11/2/2006 Report Type: G4 Cover Period: 🖊 Original Special Election Report Amendment Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary 207.90 Cash & Checks Expenditures Transfers to Office 0.00 0.00 Loans Account 0.00 Total Monetary Total Monetary 15.00 0.00 In-Kind (8) Other Distributions (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 476.27 500.00 \$ (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	ANDREW TOBIN	I		(2)	I.D. Numh	er ANDREW	TOBIN
	od _10/14/2006 through		/2/2006			1 of	1
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	l	Contribution Type	In-kind Description	Amendment	Amount
10/29/2006	TOBIN ANDREW P.O. BOX 620 TAVERNIER, FL 33070	В	ATTORN Y	INK	STAMPS & ENVELOPES		15.00
1							
DS-DE 13 (7/98	SEE REVERSE 1	FOR IN	JSTRUCTIO	NS AND CO	DE VALUES		
10 (1/00			.~1100110		~~ ************************************		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	ANDREW TOBIN			(2) I.D. NumberANDREW TOBIN				
(3) Cover Period _	10/14/2006	_ through _	11/2/2006	(4) Page	1	of	1	

	(7)	(0)	(0)	(10)	(1.1)
(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
Number					
10/24/2006	FREE PRESS P.O. BOX 469 ISLAMORADA, FL 33036	AD	MON		207.90
1					
DS-DE 14 (7/98	SEE REVERSE FOR I	NSTRUCTIONS AND C	ODE VALUES		