


ORIGINAL

**LEE COUNTY
SUPERVISOR OF ELECTIONS
CANDIDATE CAMPAIGN FILE COVER
SHEET**

Candidate Name	ELLIS, WILLIAM MICHAEL		111554095
Residence Address	2348 SYCAMORE ST ST JAMES CITY FL 33956		
City and Zip Code			
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	339-883-7686	OR	
Email Address	Sumike@Comcast.net		
Office Sought	LEE CO. MOSQ CTRL		
Area, District, Group Or Seat Number	AREA 3		
Political Party (If Applicable)	NON		
Date Of Birth Or Voter ID #	3-30-51		
Date	3-21-08		
Candidate Signature	X 		

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 may be 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.

08MAR21 PM 1:00:35 DE Lee Co F1

SCANNED

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

Name of Candidate: Mike Ellis
1. Address (include post office box or street, city, state, zip code):
2348 Sycamore St.
St. James City 33956

Telephone (optional): ()
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): Mosquito Ctrl Commissioner Area 3

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: Sandra E. Steele-Riordan

5. Mailing Address (If post office box or drawer add street address): 4767 22nd St. SW
6. Telephone: 239-776-0464

7. City: Lehigh Acres 8. County: Lee 9. State: Florida 10. Zip Code: 33973

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: Bank of America 12. Street Address: 5041 Pine Island Road

13. City: Bokeelia 14. County: Lee 15. State: Florida 16. Zip Code: 33922

17. Signature of Candidate:  Date: July 16, 2008

Campaign Treasurer's Acceptance of Appointment

I, Sandra E. Steele, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Mike Ellis

who is seeking nomination or election as a _____ candidate to the office of
(Party)

Mosquito Control Commissioner Area 3

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

July 14, 2008

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

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

Name of Candidate: Mike Ellis
1. Address (include post office box or street, city, state, zip code): 2348 Sycamore St. St. James City, Fla 33956

Telephone (optional): () 2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): Mosquito Ctrl Commissioner Area 3

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: Mike Ellis

5. Mailing Address (If post office box or drawer add street address): 2348 Sycamore St.
6. Telephone: 239-283-7686

7. City: St James City 8. County: Lee 9. State: Florida 10. Zip Code: 33956

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: Bank of America 12. Street Address: 5041 Pine Island Rd

13. City: Bokeelia 14. County: Lee 15. State: Fla 16. Zip Code: 33922

17. Signature of Candidate: X Date: July 16, 2008

Campaign Treasurer's Acceptance of Appointment

I, Mike Ellis, do hereby accept the appointment as
(Please Print or Type)

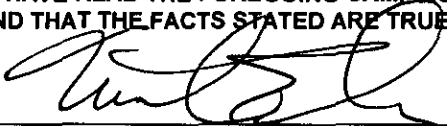
Campaign Treasurer Deputy Treasurer for the campaign of Mike Ellis

who is seeking nomination or election as a _____ candidate to the office of
(Party)

Mosquito Control Commissioner Area 3

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

July 16, 2008
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

3/31/08

ORIGINAL

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

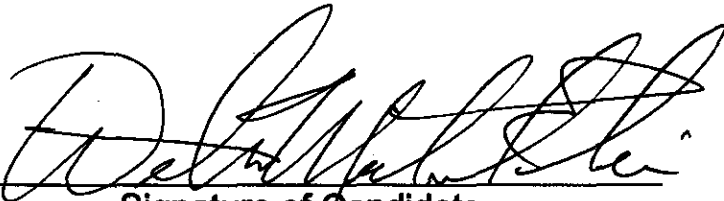
(Please Type

111554095

ELLIS, WILLIAM MICHAEL
2348 SYCAMORE ST
ST JAMES CITY FL 33956

I, _____,
candidate for the office of LEE COMMOQ CTRL AREA 3 ;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

3/21/08
Date

081HR21M1003 SDELae Co F1

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).

**AFFIDAVIT OF INTENT
LEE COUNTY
SPECIAL DISTRICT CANDIDATE**

ORIGINAL

111554095

State of Florida
County of Lee

ELLIS, WILLIAM MICHAEL
2348 SYCAMORE ST
ST JAMES CITY FL 33956

I, _____, am a candidate for the Special District
(print name)

office of: LEE CO MOSQUITO AREA 3
(district name and district #, seat #, or area#)

In the 11-04-08 election. I understand that my only campaign
(date of election)

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, I will not be required to: 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, prior to doing so, I understand that I AM REQUIRED TO FIRST FILE 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.

X [Signature]
Signature of Candidate

3/21/08
Date

FS 106.021(1)(e) "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."

08MRF21PM1003 SDE Lee Co Fl

SCANNED

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

LEE COUNTY

08JUN16PM124350E Lee Co Fl

I, WILLIAM MICHAEL ELLIS
First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Mike Ellis
(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Mosquito Control Commissioner AREA 3
(office) (district) (group)

My legal residence is LEE County, Florida. I am qualified

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

[Signature] (239) 283-7686 sumike123@gmail.com
Signature of Candidate Daytime Telephone Number Email Address

2348 Sycamore St ST JAMES CITY FLORIDA 33556
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 2nd day of June, 2008.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

 Kara Snyder
COMMISSION # DD688052
EXPIRES: JUN. 30, 2011
WWW.AARONNOTARY.COM

SCANNED

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Ellis William Michael

MAILING ADDRESS :

2348 SYCAMORE ST

CITY : ZIP : COUNTY :

ST JAMES CITY 33956 LEE

NAME OF AGENCY :

LEE COUNTY MOSQUITO CONTROL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER Area 3

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

08JUN05PM1227 SDF Lee Co Fl

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

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 OR DOLLAR VALUE THRESHOLDS

08JUN06PM1243 SDF Lee Co Fl

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Collier Health Services	1459 Madison Ave Immokalee, Fla 34142	Primary Health Care

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

2348 SYCAMORE ST, ST JAMES CITY FLA 33956

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

SCANNED

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Tax Deferred Annuity-401k Thrift	Family Health Care - Mutual of America
457 Retirement Plan	Lee Memorial Health System - Diversified Direct

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

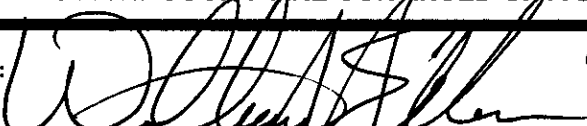
NONE

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

6/3/08

FILING INSTRUCTIONS:

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.

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, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, 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.

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MIKE ELLIS
Name

(2) 2348 SYCAMORE ST, ST JAMES CITY, FL 33956
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): MOSQUITO CONTROL-3

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

(3) ID Number

OFFICE USE ONLY 122

FINAL REPORT

(5) REPORT IDENTIFIERS

Cover Period: From 10/31/2008 To 2/2/2009 Report Type TR-4

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 \$ 12.51

Transfers to Office Account \$ 0.00

Total Monetary \$ 12.51

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,865.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,865.00

(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 true, correct, and complete.

(Type name) SANDRA STEELE
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) MIKE ELLIS
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MIKE ELLIS (2) I.D. Number 122

10/31/2008 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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MIKE ELLIS
 10/31/2008 through 2/2/2009
 (3) Cover Period _____ through _____

(2) I.D. Number 122
 (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					
11/7/2008 / /	Ellis, Mike 2348 Sycamore St St. James City, FL 33956	contribut return ion to donor and close bank account	MO		\$12.51
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

08 OCT 29 PM 02:39 SDF LEE Co F1

(1) MIKE ELLIS
Name

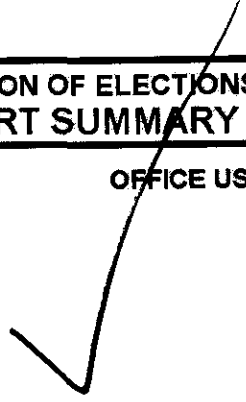
(2) 2348 SYCAMORE ST, ST JAMES CITY, FL 33956
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY 122



(4) Check appropriate box(es):

Candidate (office sought): MOSQUITO CONTROL-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 10/11/2008 To 10/30/2008 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,015.00

Loans \$ 0.00

Total Monetary \$ 1,015.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,082.13

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,082.13

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,865.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,852.49

(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.

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

(Type name) Sam B Sobles-Reagan
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Mike Ellis
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MIKE ELLIS

(2) I.D. Number 122

(3) Cover Period 10/11/2008 through 10/30/2008

(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					
10/17/2008 //	Breeze Newspapers, 2510 Del Prado Blvd Cape Coral, FL 33904	advertisi ng	MO		\$850.13
1					
10/17/2008 //	News Star Advertising, Lehigh Acres, FL	advertisi ng	MO		\$220.00
2					
10/23/2008 //	Bank of America, N.A., P.O. Box 25118 Tampa, FL 33622-5118	bank service fee	MO		\$12.00
3					
//					
//					
//					
//					
//					
//					
//					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MIKE ELLIS
Name

(2) 2348 SYCAMORE ST, ST JAMES CITY, FL 33956
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 122

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): MOSQUITO CONTROL-3
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 9/27/2008 To 10/10/2008 Report Type G3

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ 0.00

Total Monetary \$ 150.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 294.68

Transfers to Office Account \$ 0.00

Total Monetary \$ 294.68

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 850.00

(10) TOTAL Monetary Expenditures To Date
\$ 770.36

(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.

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

(Type name) SANDRA E. STEWART - R. JORDAN

(Type name) Mike Ellis

- Individual (only for electioneering commun.) Treasurer Deputy Treasurer

- Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MIKE ELLIS

(2) I.D. Number 122

9/27/2008 10/10/2008

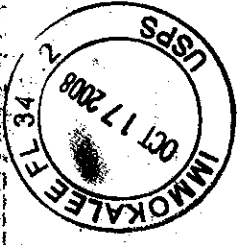
(3) Cover Period / / through / /

(4) Page 1 of 1

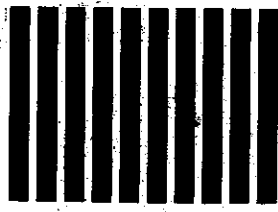
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/3/2008 / /	Arthur Printing, 1518 SW 46th Lane Cape Coral, FL 33904	campaign signs	MO		\$294.68
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

W M Ellis
2348 Overmore Street
St James City, FL 33956

FT MYERS, FL 33901
17 OCT 2008 5:11 PM



NOT POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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**



7080CT20PM1238 50EFL ee Co FL

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MIKE ELLIS
Name

(2) 2348 SYCAMORE ST, ST JAMES CITY, FL 33956
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): MOSQUITO CONTROL-3
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 9/13/2008 To 9/26/2008 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 372.40

Transfers to Office Account \$ 0.00

Total Monetary \$ 372.40

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 700.00

(10) TOTAL Monetary Expenditures To Date

\$ 475.68

(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) SANDRA E STEWIS-RODRON

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) Mike Ellis

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MIKE ELLIS (2) I.D. Number 122

9/13/2008 through 9/26/2008

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9/25/2008 / /	Ellis, Mike 2348 Sycamore St St. James City, FL 33956	I	executive	CH			\$500.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MIKE ELLIS

(2) I.D. Number 122

9/13/2008 through 9/26/2008

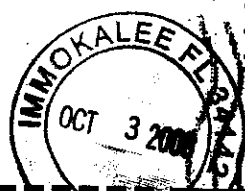
(3) Cover Period / / through / /

(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
9/22/2008 / /	Bank of America, N.A., P.O. Box 25118 Tampa, FL 33622-5118	bank service fee	MO		\$12.00
1					
9/26/2008 / /	Pine Island Printing, 10954 Stringfellow Road Bokeelia, FL 33922	campaign flyers	MO		\$360.40
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9348 SPENNADE ST
ST JAMES AVE, FL 33956

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FORT MYERS, FL 33902-9888



**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MIKE ELLIS
Name

(2) 2348 SYCAMORE ST, ST JAMES CITY, FL 33956
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): MOSQUITO CONTROL-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 8/22/2008 To 9/12/2008 / Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00

Loans \$ 0.00

Total Monetary \$ 100.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 10.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 10.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 200.00

(10) TOTAL Monetary Expenditures To Date

\$ 103.28

(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) Sandra B Sparks-Rocam
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Sandra B Sparks-Rocam
Signature

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

(Type name) Mike Ellis
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Mike Ellis
Signature

08SEP23PM0559 SDE Lee Co FI

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name MIKE ELLIS (2) I.D. Number 122

8/22/2008 through 9/12/2008

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
8/22/2008 / /	Ellis, Mike 2348 Sycamore St St. James City, FL 33956	I		CH			\$100.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MIKE ELLIS

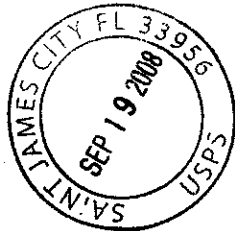
(2) I.D. Number 122

(3) Cover Period 8/22/2008 through 9/12/2008

(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					
8/28/2008 / / 1	Ellis, Mike 2348 Sycamore St St. James City, FL 33956	checks	MO		\$10.00
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08SEP23PM0559 SDEL Lee Co FI



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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

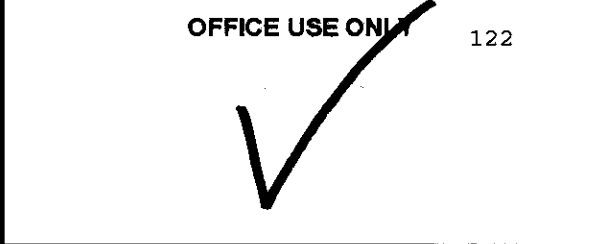
(1) MIKE ELLIS
Name

(2) 2348 SYCAMORE ST, ST JAMES CITY, FL 33956
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____



(4) Check appropriate box(es):

- Candidate (office sought): MOSQUITO CONTROL-3
- 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

(5) REPORT IDENTIFIERS

Cover Period: From 8/2/2008 To 8/21/2008 Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00

Loans \$ 0.00

Total Monetary \$ 100.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 93.28

Transfers to Office Account \$ 0.00

Total Monetary \$ 93.28

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 100.00

(10) TOTAL Monetary Expenditures To Date

\$ 93.28

(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.

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

(Type name) SANORA STEWIE-RIOBAN

(Type name) Mike Ellis

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

[Signature]

[Signature]

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MIKE ELLIS

(2) I.D. Number 122

(3) Cover Period 8/2/2008 through 8/21/2008

(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
8/11/2008 / /	Pine Island Printing, 10954 Stringfellow Road Bokeelia, FL 33922	campaign literature	MO		\$93.28
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