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# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

08JUN2008 1103 SOE Lee Co F1

Candidate Name	EDWIN E. FROST	
Residence Address	11061 LAKELAND Circle	
City and Zip Code	FORT MYERS, FL. 33913-6930	
Mailing Address (if different)	<input type="checkbox"/> Check if same as above.	
Telephone Number(s) (Daytime)	(239) 768-6751 (Home)	OR (239) 851-7193 (Cell)
Email Address	edfrost@comcast.net	
Office Sought	GATEWAY SERVICES Community Development DISTRICT	
Area, District, Group Or Seat Number	SEAT 3	
Political Party (If Applicable)		
Date Of Birth Or Voter ID #	12/9/1940 - 111562290	
Date	June 20, 2008	
Candidate Signature	X Edwin E. Frost	

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.

# SCANNED

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES  
(Section 106.021(1), F.S.)

ORIGINAL

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: Edwin E. Frost  
1. Address (include post office box or street, city, state, zip code):  
11061 Lakeland Circle  
Ft. Myers, Fl. 33913-6930

Telephone (optional): (239) 768-6751  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number): Gateway Services CDD, seat 3.

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

4. Name of Treasurer or Deputy Treasurer: Edwin E. Frost

5. Mailing Address (If post office box or drawer add street address): 11061 Lakeland Circle, Ft. Myers, Fl. 33913  
6. Telephone: 239-768-6751

7. City: Ft. Myers    8. County: Lee    9. State: Florida    10. Zip Code: 33913-6930

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

11. Name of Bank: Bank of Florida  
12. Street Address: 6321 Daniels Parkway

13. City: Ft. Myers    14. County: Lee    15. State: Florida    16. Zip Code: 33912

17. Signature of Candidate: *Edwin E. Frost*    Date: 10/6/08

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer     Deputy Treasurer    for the campaign of Edwin E. Frost

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

Gateway Services CDD, seat 3. As a duly registered voter in Lee

County, Florida, I am qualified to accept this appointment.

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.

10/6/08    *Edwin E. Frost*  
Date    Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

# AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

08 JUN 2008 11:04 SDE Lee Co FL

State of Florida  
County of Lee

I, EDWIN E. FROST, am a candidate for the Special District  
(print name)

office of: GATEWAY SERVICES COMMUNITY DEVELOPMENT DISTRICT  
(district name and district #, seat #, or area#)

in the 2008 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.

Edwin E. Frost  
Signature of Candidate

6/20/2008  
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."

SCANNED

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

**ORIGINAL**

I, Edwin E. Frost,

candidate for the office of Gateway Services CDD, seat 3.

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

X Edwin E. Frost  
Signature of Candidate

Oct. 6, 2008  
Date

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).

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

08JUN20PM 11:04 SHELLEE Co H

I, EDWIN E. FROST,  
candidate for the office of GATEWAY CDD, SEAT 3;

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

X *Edwin E. Frost*  
Signature of Candidate

6/20/08  
Date

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).

SCANNED

**LOYALTY OATH FOR  
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

Lee COUNTY

I,	<u>EDWIN</u>	<u>E.</u>	<u>FROST</u>
	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 . . . do 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, EDWIN E. FROST  
(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 BOARD SEAT B GATEWAY SERVICES COMMUNITY DEVEL. DISTRICT  
(office) (district) (group)

My legal residence is 11061 LAKEland Cir, Ft. Myers, 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.

<input checked="" type="checkbox"/> <u>Edwin E. Frost</u>	<u>(239) 768-6751</u>	<u>edfrost@comcast.net</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>11061 LAKEland Circle</u>	<u>Ft. Myers</u>	<u>Florida</u>	<u>33913-6930</u>
Address	City	State	ZIP Code

Sworn to (or affirmed) and subscribed before me this 20 day of June, 2008.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced:

FL DL # F623 20540 4496

John Beaumont  
Signature of Notary Public – State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public

08JUN2008 11:04:50E Lee Co Fl

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

FROST EDWIN ELWOOD

MAILING ADDRESS :

11061 LAKELAND CIR.

FORT MYERS FL 33913-6930 LEE

CITY : ZIP : COUNTY :

FORT MYERS FL 33913-6930 LEE

NAME OF AGENCY :

GATEWAY SERVICES Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

BOARD MEMBER, SEAT 3

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

\*ORJUNECOM1104 SIDE L see Cr FI

**\*\*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

**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
IRA - Fidelity Investment	100 SUMMER ST. BOSTON, MA	Portfolio Services
IRA - THE Colony Group	2 ATLANTIC AVE, BOSTON, MA	Portfolio Services
Social Security	UNITED STATES TREASURY Social Security Admin.	BENEFIT ADMINISTRATION

**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

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

PERSONAL RESIDENCE @ 11061 LAKELAND Circle, FT. MYERS, FL.

**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 to be filed 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

IRA

Fidelity Investments, Boston, MA

IRA

The Colony Group, Boston, MA

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Power Financial Credit Union

2020 NW 150 Ave., Pembroke Pines, FL 33028

**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

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):

*Edwin E. Frost*

DATE SIGNED (required):

6/20/08

**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.



# WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

EDWIN E FROST  
11061 LAKELAND CIR  
FORT MYERS, FL 33913

Candidate's Name (Last, Suffix, First, Middle)  
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

- Candidate       Committee of Continuous Existence       Check box if address has changed since last report.
- Political Committee       Party Executive Committee       Check here if PC or CCE has DISBANDED and will no longer file reports.

### TYPE OF REPORT (Check Appropriate Box)

#### QUARTERLY REPORTS

- January  
 April  
 July  
 October

#### PRIMARY ELECTION

- 32nd day prior  
 18th day prior  
 4th day prior

#### GENERAL ELECTION

- 46th day prior  
 32nd day prior  
 18th day prior  
 4th day prior

# FINAL REPORT

TERMINATION REPORT

SPECIAL ELECTION

### NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

10/31/2008 through 2/2/2009 (TR-4)

X

Edwin E Frost

Signature

11/24/08

Date

#### SIGNATURES REQUIRED FOR:

##### Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

##### Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

##### Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

##### Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

08DEC01AM1045 SDE Lee Co FI

# WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

EDWIN E FROST  
11061 LAKELAND CIR  
FORT MYERS, FL 33913

Candidate's Name (Last, Suffix, First, Middle)  
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

Candidate

Committee of Continuous Existence

Check box if address has changed since last report.

Political Committee

Party Executive Committee

Check here if PC or CCE has DISBANDED and will no longer file reports.

## TYPE OF REPORT (Check Appropriate Box)

### QUARTERLY REPORTS

January

April

July

October

### PRIMARY ELECTION

32nd day prior

18th day prior

4th day prior

### GENERAL ELECTION

46th day prior

32nd day prior

18th day prior

4th day prior

TERMINATION REPORT

SPECIAL ELECTION

## NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

10/11/2008 through 10/30/2008 ( G4 )

X

Edwin E Frost

Signature

10/28/08

Date

### SIGNATURES REQUIRED FOR:

#### Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

#### Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

OFFICE USE ONLY

128

GATEWAY CDD-3

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

08DCT29PM0238 SDE Lee Co Fl

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

(1) EDWIN E FROST

**Name**

(2) 11061 LAKELAND CIR, FORT MYERS, FL 33913

**Address (number and street)**

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-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 9/27/2008 To 10/10/2008 Report Type G3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 95.39

Total Monetary \$ 95.39

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 95.39

Transfers to Office Account \$ 0.00

Total Monetary \$ 95.39

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 95.39

(10) TOTAL Monetary Expenditures To Date

\$ 95.39

**(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)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name) EDWIN E. FROST

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

**X** \_\_\_\_\_

Signature

**X** Edwin E. Frost

Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name EDWIN R. FROST (2) I.D. Number 128

9/27/2008 through 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) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/29/2008 / /	Frost, Edwin Elwood I 11061 LAKELAND CIRCLE FORT MYERS, FL 33913-6930			LO	personal loan to my campaign.		\$95.39
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EBF

**CAMPAIGN TREASURER'S REPORT -- ITEMIZED EXPENDITURES**

(1) Name EDWIN E FROST

(2) I.D. Number 128

(3) Cover Period 9/27/2008 through 10/10/2008

(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
9/29/2008 //	Office Max, 5100-101 S Cleveland Ave. Ft. Myers, Fl 33907	purchase campaign business cards	MO		\$95.39
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