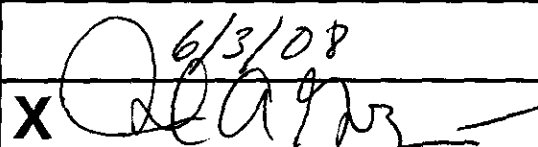


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	JOEL A. GUZMAN		
Residence Address	247 BETHANY HOME DR.		
City and Zip Code	LEHIGH ACRES, FL. 335		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-303-0680	OR	
Email Address			
Office Sought	Lehigh Acres Fire and Rescue Control District Seat #3		
Area, District, Group Or Seat Number	Seat #3		
Political Party (If Applicable)	N/A		
Date Of Birth Or Voter ID #	11/03/1973		
Date	6/3/08		
Candidate Signature	X 		

08JUN03PM1223 SUE LEE C/F1

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.)

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

Name of Candidate Joel Antonio Guzman

1. Address (include post office box or street, city, state, zip code)

247 Bethany home dr  
Lehigh Acres FL 33936

Telephone (optional)

239 ) 303-0680

2. Party (Partisan candidates only)

NA

3. Office (add district, circuit, group number)

Lehigh Acres FC (S-3)

I have appointed the following person to act as my

☒ Campaign Treasurer

☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Joel Antonio Guzman

5. Mailing Address (If post office box or drawer add street address)

247 Bethany home dr Lehigh FL 33936

6. Telephone

239-303-0680

7. City

Lehigh Acres

8. County

Lee

9. State

Florida

10. Zip Code

33936

I have designated the following named bank as my

☒ Primary Depository

☐ Secondary Depository

11. Name of Bank

Edison National Bank

12. Street Address

2105 First Street

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33901

17. Signature of Candidate

X [Signature]

Date

06/03/08

Campaign Treasurer's Acceptance of Appointment

I, Joel Antonio Guzman, do hereby accept the appointment as  
(Please Print or Type)

☒ Campaign Treasurer

☐ Deputy Treasurer

for the campaign of

Joel Antonio Guzman

who is seeking nomination or election as a

NA

candidate to the office of

(Party)

Lehigh Acres Fire & Rescue Control District #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.

6/03/08

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Joel Antonio Guzman,  
candidate for the office of Lehigh Acres Fire & Rescue Council District #3;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X Joel Guzman  
Signature of Candidate

6/03/08  
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).

08 JUN 03 PM 12:23 SDE Lee Co FL

# AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida  
County of Lee

I, Joel Antonio Gorman, a candidate for the  
(print name)

special district office of: Lehigh Acres Fire & Rescue Control Seat #3  
(district name and district #, seat #, or area#)

in the November 4, 2008 General Election. I understand that my only campaign 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.

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, I am prohibited from 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, I understand that I will be required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository) 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 Joel Antonio Gorman  
Signature of Candidate

06/03/08  
Date

08 JUN 03 PM 12:23 SDF Lee Co FL

SCANNED

**CANDIDATE FOR  
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

Lee COUNTY

111699857

GUZMAN, JOEL ANTONIO  
247 BETHANY HOME DR  
LEHIGH ACRES FL 33936

I,

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, Joel Guzman

(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 Lehigh Acres Fire Comm. Seat 3

(office)

(district)

(group)

My legal residence is 247 Bethany Home Dr. 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.

X [Signature]

Signature of Candidate

Daytime Telephone Number

( ) 303-0680

247 Bethany Home Dr Lehigh Acres FL 33936

Address

City

State

ZIP Code

Sworn to (or affirmed) and subscribed before me this 3rd 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



Bernice Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010  
Bonded Troy Fam - Insurance, Inc. 800-385-7018

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

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

111699857

MAILING : GUZMAN, JOEL ANTONIO  
247 BETHANY HOME DR  
LEHIGH ACRES FL 33936

CITY :

NAME OF AGENCY :

LEHIGH ACRES FIRE COMM SEAT 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE  
USE ONLY:

ID Code

Conf. Co

P. Req. Code

08JUN03PM 1223 SDE Lee Co FI

COPY

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

**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
Conrad McGee Fire Dist	6061 South Point Blvd FM 33919	Fire Department
Edison College	College Pky Fort Myers FL 33919	Education Facility
Lehigh Acres Fire Dist	1000 Joel Blvd Lehigh FL 33934	Fire Department

**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]

106 Winners Ct + Lehigh Acres FL 33972

**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 are described on page 4.

SCANNED

**PART D — INTANGIBLE PERSONAL PROPERTY** (Stocks, bonds, certificates of deposit, etc.)

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

**PART E — LIABILITIES** (Major debts)

NAME OF CREDITOR

ADDRESS OF CREDITOR

National City Bank  
Wells Fargo  
Sovereign Bank  
Suncoast FCU

P.O. Box 533570 Atlanta, GA 30353  
P.O. Box 14411 Des Moines, IA 50306  
P.O. Box 16255 Reading, PA 19612  
Beth Stacy Blvd Lehigh, FL 33936

**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):

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.

Note: 25% of \$389.47 = \$97.37

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

(1) JOEL GUZMAN  
Name

(2) 247 BETHANY HOME DR, LEHIGH ACRES, FL 33936  
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-3

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

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

OFFICE USE ONLY 83

25% of \$389.47 = \$97.37

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 \$ 389.47

Transfers to Office Account \$ 0.00

Total Monetary \$ 389.47

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date  
\$ 3,750.00

(10) TOTAL Monetary Expenditures To Date  
\$ 3,750.00

(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) Joel Guzman  
☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]  
Signature

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

(Type name) Joel Guzman  
☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]  
Signature



(1) Name JOEL GUZMAN

**(2) I.D. Number** 83

(3) Cover Period 10/31/2008 through 2/2/2009

**(4) Page 1 of 1**

DS-DE 14 (Rev. 08/03)

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

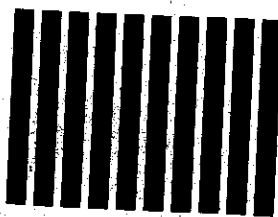
**(1) Name** JOEL GUZMAN **(2) I.D. Number** 83  
**(3) Cover Period** 10/31/2008 through 2/2/2009 **(4) Page** 1 of 0

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Joei Gordon Campbell  
247 Bethune Home Dr  
Kalamazoo MI 33236

17 FEB 2009 PM 6 T

NO 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**

09FEB19PM0343 SDE L Co FI



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

**OFFICE USE ONLY**      83

(1) JOEL GUZMAN

**Name**

(2) 247 BETHANY HOME DR, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** LEHIGH ACRES FIRE-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      \$      0.00

Loans                      \$      500.00

Total Monetary      \$      500.00

In-Kind                      \$      0.00

**(7) EXPENDITURES THIS REPORT**

Monetary  
Expenditures      \$      1,710.00

Transfers to Office  
Account              \$      0.00

Total  
Monetary              \$      1,710.00

(8) **Other Distributions**  
\$      0.00

**(9) TOTAL Monetary Contributions To Date**

\$      3,750.00

**(10) TOTAL Monetary Expenditures To Date**

\$      3,360.53

**(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)

Joel Guzman

☐ **Individual (only for  
electioneering commun.)**

☐ **Treasurer**

☐ **Deputy Treasurer**

**Signature**

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

(Type name)

Joel Guzman

☐ **Candidate**

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

**Signature**

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name JOEL GUZMAN (2) I.D. Number 83

10/11/2008

10/30/2008

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

[illegible]

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOEL GUZMAN

(2) I.D. Number 83

(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
10/16/2008 / /	gbsi information service, 11515 charlies ter. ft myers, fl 33907	campaign services	MO		\$1,566.00
1					
10/16/2008 / /	breeze newspapers, 2510 del prado blvd cape coral, fl 33904	mailers	MO		\$144.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) JOEL GUZMAN

Name

(2) 247 BETHANY HOME DR, LEHIGH ACRES, FL 33936

Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-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        \$ 500.00

Loans                    \$ 0.00

Total Monetary        \$ 500.00

In-Kind                 \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary  
Expenditures        \$ 921.66

Transfers to Office  
Account              \$ 0.00

Total  
Monetary              \$ 921.66

(8) Other Distributions  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 3,250.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,650.53

**(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)

Joel Guzman

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

**X**

Signature

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

(Type name)

Joel Guzman

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

**X**

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOEL GUZMAN (2) I.D. Number 83

9/27/2008 10/10/2008

(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) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/29/2008 / /	international association of f, 1750 new york ave nw washington, dc 20006	B internati onal fire<b	CH			\$500.00
1						
/ /						
/ /						
/ /						
/ /						
/ /						
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# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOEL GUZMAN

(2) I.D. Number 83

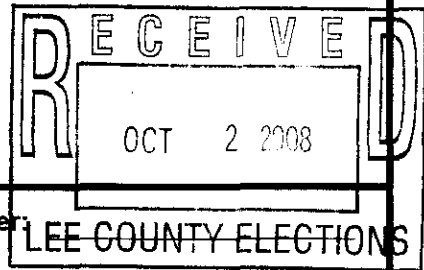
(3) Cover Period 9/27/2008 through 10/10/2008

(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 / /	Despot, Gordon PO Box 60425 Fort Myers, Fl 33905	campaign consulting	MO		\$500.00
1					
10/9/2008 / /	Despot, Gordon po box 60425 ft myers, fl 33905	campaign consulting	MO		\$280.00
2					
10/7/2008 / /	artype, 3530 work drive ft myers, fl 33916	print shop	MO		\$141.66
3					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

**OFFICE USE ONLY**    83



(1) JOEL GUZMAN

**Name**

(2) 247 BETHANY HOME DR, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

(3) **ID Number**

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** LEHIGH ACRES FIRE-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 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    \$    728.87

Transfers to Office Account    \$    0.00

Total Monetary    \$    728.87

(8) **Other Distributions**  
\$    0.00

**(9) TOTAL Monetary Contributions To Date**

\$    2,750.00

**(10) TOTAL Monetary Expenditures To Date**

\$    728.87

**(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) Joel Guzman

☐ Individual (only for electioneering commun.)    ☒ **Treasurer**    ☐ **Deputy Treasurer**

**X** [Signature]  
**Signature**

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

(Type name) Joel Guzman

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

**X** [Signature]  
**Signature**

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOEL GUZMAN (2) I.D. Number 83

9/13/2008 9/26/2008  
 (3) Cover Period 9/13/2008 through 9/26/2008 (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
9/22/2008 / /	Florida fire-pac, 345 w. madison st. Tallahassee, fl 32301	B florida state firefighte	CH			\$500.00
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOEL GUZMAN (2) I.D. Number 83  
 9/13/2008 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
9/17/2008 / /	Artype, 3530 work dr ft myers, fl 33916	print shop	MO		\$728.87
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**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JOEL GUZMAN

**Name**

(2) 247 BETHANY HOME DR, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

**OFFICE USE ONLY**      83

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

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** LEHIGH ACRES FIRE-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 8/22/2008    To 9/12/2008    /    Report Type G1

☒ **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      \$ 0.00

Transfers to Office  
Account              \$ 0.00

Total  
Monetary              \$ 0.00

(8) **Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 2,250.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 0.00

**(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)

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

**X**

Signature

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

(Type name)

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

**X**

Signature

(1) Name JOEL GUZMAN (2) I.D. Number 83  
 8/22/2008 9/12/2008  
 (3) Cover Period 8/22/2008 / 9/12/2008 through 8/22/2008 / 9/12/2008 (4) Page 1 of 1

**SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOEL GUZMAN (2) I.D. Number 83  
 (3) Cover Period 8/22/2008 through 9/12/2008 (4) Page 1 of 0

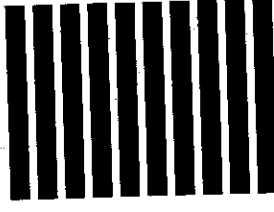
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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Joel Gorman Campaign Account  
247 Bethany Home Dr  
Lakeland FL 33813

FT MYERS FL 339

18 SEP 2008 PM 6 L

NO 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**





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

(1) JOEL GUZMAN  
Name

(2) 247 BETHANY HOME DR, LEHIGH ACRES, FL 33936  
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 83

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-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 \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 1,750.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 0.00

**(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) Joel Guzman  
☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]  
Signature

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

(Type name) Joel Guzman  
☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]  
Signature

(1) Name JOEL GUZMAN (2) I.D. Number 83  
 8/2/2008 8/21/2008  
 (3) Cover Period 8/2/2008 / 8/21/2008 through 8/21/2008 / 8/21/2008 (4) Page 1 of 1

[illegible]

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# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOEL GUZMAN

(2) I.D. Number 83

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

(4) Page 1 of 0

(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
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08AUG25PM0148 SDE Lee Co F1

\*08AUG25PM0148 SDE Lee Co F1

**BUSINESS REPLY MAIL**

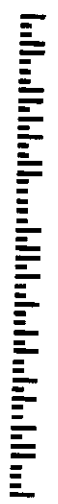
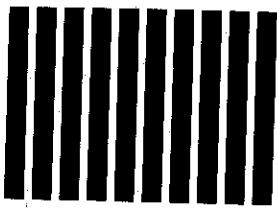
FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

**SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FORT MYERS, FL 33902-9888**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



# WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

83

JOEL GUZMAN  
247 BETHANY HOME DR  
LEHIGH ACRES, FL 33936

LEHIGH ACRES FIRE-3

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

Identification Number (Assigned by Division  
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or  
Group Number)

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

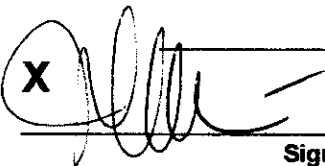
- ☐ 46th day prior  
☐ 32nd day prior  
☐ 18th day prior  
☐ 4th day prior

☐ TERMINATION REPORT

☐ SPECIAL ELECTION

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

7/19/2008 through 8/1/2008 ( F2 )

X 

Signature

8/6/08

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.

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

**OFFICE USE ONLY**      83

(1) JOEL GUZMAN  
**Name**

(2) 247 BETHANY HOME DR, LEHIGH ACRES, FL 33936  
**Address (number and street)**

**City, State, Zip Code**

☐ **CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** LEHIGH ACRES FIRE-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 4/1/2008    To 7/18/2008    /    **Report Type** F1

☒ **Original**    ☐ **Amendment**    ☐ **Special Election Report**    ☐ **Independent Expenditure Report**

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$      1,000.00

Loans                      \$      250.00

Total Monetary      \$      1,250.00

In-Kind                      \$      0.00

**(7) EXPENDITURES THIS REPORT**

Monetary  
Expenditures      \$      0.00

Transfers to Office  
Account              \$      0.00

Total  
Monetary              \$      0.00

(8)    **Other Distributions**  
            \$      0.00

(9)    **TOTAL Monetary Contributions To Date**  
      \$      1,250.00

(10)    **TOTAL Monetary Expenditures To Date**  
      \$      0.00

**(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)

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

**X**

Signature

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

(Type name)

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

**X**

Signature

08 JUL 25 PM 1230 SDE Lee Co FI

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOEL GUZMAN (2) I.D. Number 83

4/1/2008 7/18/2008

(3) Cover Period 4/1/2008 / 7/18/2008 through 4/1/2008 / 7/18/2008 (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
(6) Sequence Number						
6/3/2008 / /	Guzman, Joel 247 Bethany Home Dr Lehigh, FL 33936	I firefighter	LO			\$250.00
1						
7/10/2008 / /	Southwest Florida Professional, Firefighters and paramedi Local 1826 2030 west 1st st. ste c Fort Myers, FL 33901	O firefighters and paramed	CH			\$500.00
2						
7/10/2008 / /	Florida Fire-Pac, 345 w madison st Tallahassee, fl 32301	C florida firfighte rs comm	CH			\$500.00
3						
/ /						
/ /						
/ /						
/ /						
/ /						

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOEL GUZMAN

(2) I.D. Number 83

(3) Cover Period 4/1/2008 through 7/18/2008

(4) Page 1 of 0

(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
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