

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

08JUN10PM10210 SOE Lee Co FI

Candidate Name	DAVE HARLEY		
Residence Address	12591 WALDEN RUN DRIVE		
City and Zip Code	FORT MYERS, FL. 33913		
Mailing Address (If different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	561-0525	OR	851-9379
Email Address	GULFCOASTDAVE@COMCAST.NET		
Office Sought	GATEWAY SERVICES CDD SUPERVISOR		
Area, District, Group Or Seat Number	SEAT 1		
Political Party (If Applicable)	NON-PARTISAN		
Date Of Birth Or Voter ID #	AUGUST 8, 1952		
Date	JUNE 2008		
Candidate Signature	X <i>David A. Harley</i>		

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.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate DAVE HARLEY	1. Address (include post office box or street, city, state, zip code) 12591 WALDEN RUN DRIVE FORT MYERS, FL. 33913
---	--

Telephone (optional) (239) 561-0525	2. Party (Partisan candidates only) NON-PARTISAN	3. Office (add district, circuit, group number) GATEWAY SERVICES COD-SEAT 1
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
DAVE HARLEY

5. Mailing Address (If post office box or drawer add street address) 12591 WALDEN RUN DRIVE	6. Telephone 239-561-0525
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7. City FORT MYERS	8. County LEE	9. State FL	10. Zip Code 33913
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BANK OF AMERICA	12. Street Address 11691 GATEWAY BLVD.
--	--

13. City FORT MYERS	14. County LEE	15. State FL	16. Zip Code 33913
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17. Signature of Candidate X 	Date 6/23/08
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Campaign Treasurer's Acceptance of Appointment

I, **DAVE HARLEY**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **DAVE HARLEY**

who is seeking nomination or election as a **NON-PARTISAN** candidate to the office of
(Party)

GATEWAY SERVICES COD BOARD . 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.**

Date 6/23/08	Signature of Campaign Treasurer or Deputy Treasurer X 
------------------------	--

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

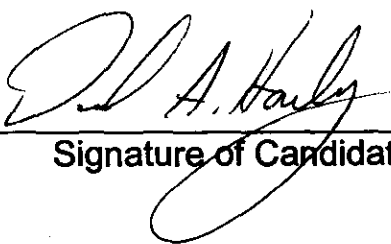
(Please Type)

0800N10P102105DELeeCP1

I, DAVE HARLEY,

candidate for the office of GATEWAY SERVICES CDD SUPERVISOR #1;

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

X 
Signature of Candidate

6/10/08
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

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

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

office of: GATEWAY SERVICES CDD SUPERVISOR SEAT #1
(district name and district #, seat #, or area#)

in the NOVEMBER 4, 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.

X


Signature of Candidate

6/10/08
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

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

LEE COUNTY

I,

DAVID

First Name

A.

Middle Name/Initial

HARLEY

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,

DAVE HARLEY

(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 GATEWAY SERVICES COO SUPR SEAT 1

(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.

X

[Handwritten Signature]

(739) 561-0525

GULFOATS DAVE COMPANY, INC.

Signature of Candidate

Daytime Telephone Number

Email Address

12571 WALDEN RVD DRIVE

FORT MYERS

FL.

33913

Address

City

State

ZIP Code

Sworn to (or affirmed) and subscribed before me this 10 day of June 2008.

Personally Known: _____ or

Produced Identification:

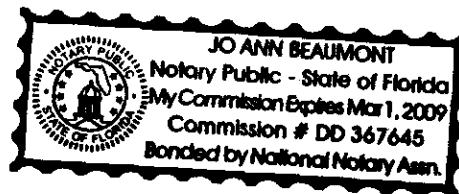
Type of Identification Produced:

FL DL # H640 161 52 2880

[Handwritten Signature]

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :
 HARLEY DAVID ALLEN

MAILING ADDRESS :
 17591 WALDEN RUN DRIVE

CITY : FORT MYERS ZIP : 33913 COUNTY : LEE

NAME OF AGENCY :
 GATEWAY SERVICES CDD BOARD

NAME OF OFFICE/ OR POSITION HELD OR SOUGHT :
 DISTRICT SUPERVISOR

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2007

08JUN10PM10210 SDE 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

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
FIDELITY INVESTMENTS	P.O. Box 770001 CINCINNATI, OH.	BROKERAGE/MUTUAL FUNDS
BANK OF AMERICA	900 W. TRADEST. CHARLOTTE, N.C.	BANKING/INVESTMENTS

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
N/A			

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

N/A

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.

08JUN10PM10210 SDE Lee Co Fl

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
MUTUAL FUNDS (IRA + BROKERAGE)	FIDELITY INVESTMENTS	CINCINNATI, OHIO
STOCKS, C.D., + IRA'S	BANK OF AMERICA	CHARLOTTE, N.C.
DEFERRED COMPENSATION (MUTUAL FUNDS)	J.P. MORGAN RETIREMENT SERVICES	KANSAS CITY, MO
ANNUITY IRA	AVIVA USA	TOPEKA, KS.

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
COUNTRY WIDE HOME LOANS	P.O. Box 5170 SIMI VALLEY, CA. 93062

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	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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): *Paul A. Harley* DATE SIGNED (required): 6/10/08

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 Boulevard, 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**

OFFICE USE ONLY 93

FINAL REPORT

(1) DAVE HARLEY
Name

(2) 12591 WALDEN RUN DR, 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-1

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 1/5/2009 / Report Type TR-SP

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 \$ 755.78
Transfers to Office Account \$ 0.00
Total Monetary \$ 755.78

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,000.00

(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.

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

(Type name) DAVE HARLEY

(Type name) DAVE HARLEY

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X Dave Harley 10/21/08

X Dave Harley 10/21/08

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVE HARLEY (2) I.D. Number 93

9/27/2008 1/5/2009

(3) Cover Period 9/27/2008 through 1/5/2009 (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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVE HARLEY

(2) I.D. Number 93

9/27/2008

1/5/2009

(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					
10/21/2008 //	Harley, David 12591 Walden Run Drive Fort Myers, FL 33913	repayment of loan to close campaign ccount	MO		\$755.78
1					
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DAVE HARLEY

Name

(2) 12591 WALDEN RUN DR, 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-1

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 9/13/2008 To 9/26/2008 / Report Type G2

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 \$ 26.88

Transfers to Office Account \$ 0.00

Total Monetary \$ 26.88

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 244.22

(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) DAVE HARLEY

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Dave Harley
Signature

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

(Type name) DAVE HARLEY

Candidate Chair/person (only for PC, PTY & electioneering commun. organization)

X Dave Harley
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVE HARLEY

(2) I.D. Number 93

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
(6) Sequence Number					
9/25/2008 //	Yahoo Small Business, 701 First Avenue Sunnyvale, CA 94089	webhosting	MO		\$26.88
1					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVE HARLEY (2) I.D. Number 93

9/13/2008 through 9/26/2008

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
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FT MYERS FL 339

09 OCT 2008 PM 5 T

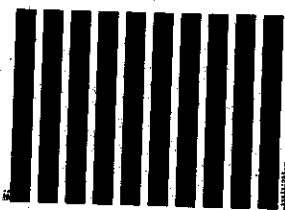
BUSINESS REPLY MAIL

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



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

(1) DAVE HARLEY

Name

(2) 12591 WALDEN RUN DR, 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-1

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 \$ 0.00

Loans \$ 900.00

Total Monetary \$ 900.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 217.34

Transfers to Office Account \$ 0.00

Total Monetary \$ 217.34

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 217.34

(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) DAVE HARLEY
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

Dave Harley
Signature

Dave Harley
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAVE HARLEY (2) I.D. Number 93

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	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
8/22/2008 / / 1	Harley, David 12591 Walden Run Drive Fort Myers, FL 33913	I	consultant	LO			\$900.00
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVE HARLEY

(2) I.D. Number 93

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

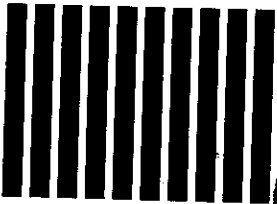
(4) Page 1 of 1

(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
9/3/2008 / /	Graphix Shop, 12541 Metro Parkway Fort Myers, FL 33966	signs	MO		\$212.00
1					
9/8/2008 / /	Staples, 3236 Forum Blvd. Fort Myers, FL 33905	paper	MO		\$5.34
2					
/ /					
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FT MYERS, FL 339

18 SEP 2008 PM 5 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**

WAIVER OF REPORT

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

(PLEASE TYPE)

DAVE HARLEY
12591 WALDEN RUN DR
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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

OFFICE USE ONLY

93

GATEWAY CDD-1

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
 April
 July
 October

PRIMARY ELECTION

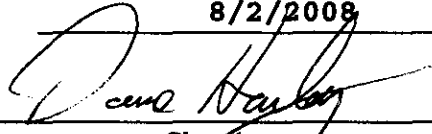
- 32nd day prior
 18th day prior
 4th day prior

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

X 8/2/2008 through 8/21/2008 (F3)
 8/18/08
Signature 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.

08P1120PM1144 SDE Lee Co Fl

WAIVER OF REPORT

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

(PLEASE TYPE)

DAVE HARLEY
12591 WALDEN RUN DR
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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

OFFICE USE ONLY

93

GATEWAY CDD-1

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

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)

Paul Harley Signature 7/30/08 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.

08/11/04 PM 09:35 SDE Lee Co FI

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

(1) DAVE HARLEY
Name

(2) 12591 WALDEN RUN DR, 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-1

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	\$	<u>0.00</u>
Loans	\$	<u>100.00</u>
Total Monetary	\$	<u>100.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 100.00

(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) DAVE HARLEY
 Individual (only for electioneering comm.) Treasurer Deputy Treasurer

X Dave Harley 7/21/08
Signature

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

(Type name) DAVE HARLEY
 Candidate Chairperson (only for PC, PTY & electioneering comm. organization)

X Dave Harley 7/21/08
Signature

08JUL24PM0308 SDE L ee Co F1

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVE HARLEY (2) I.D. Number 93

4/1/2008 through 7/18/2008

(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				
6/23/2008 / /	Harley, David 12591 Walden Run Drive Fort Myers, FL 33913	I		LO			\$100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVE HARLEY

(2) I.D. Number 93

(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
(6) Sequence Number					
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