

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	BERNARD D. LAMACH "BERNIE"		
Residence Address	5309 SHALLEY CIRCLE		
City and Zip Code	FT. MYERS 33919		
Mailing Address (If different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-590-0395	OR	239 841-6461 (CELL)
Email Address	DLAMACH@YAHOO.COM		
Office Sought	COMMISSIONER		
Area, District, Group Or Seat Number	IONA - MCGREGOR SEAT 4 FIVE DISTRICT		
Political Party (If Applicable)			
Date Of Birth Or Voter ID #	VOTER I.D. 111358147		
Date	JUNE 16, 2008		
Candidate Signature	X <i>Bernard D. Lamach</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

08JUL02PM0151 STE L Co FI

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: BERNIE LAMACH 1. Address (include post office box or street, city, state, zip code):
5309 SHALLEY CIR.
FT. MYERS 33919

Telephone (optional): (239) 590-0395 2. Party (Partisan candidates only):
IONA-MCGREGOR BEAT 4
FIRE DISTRICT 3. Office (add district, circuit, group number):

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

4. Name of Treasurer or Deputy Treasurer:
DEBORAH A LAMACH

5. Mailing Address (If post office box or drawer add street address):
5309 SHALLEY CIR, FT MYERS 33919 6. Telephone:
239 590-0395

7. City: FT. MYERS 8. County: LEE 9. State: FLORIDA 10. Zip Code: 33919

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

11. Name of Bank: EDISON BANK 12. Street Address:
13000 S. CLEVELAND

13. City: FT. MYERS 14. County: LEE 15. State: FLORIDA 16. Zip Code: 33907

17. Signature of Candidate: X Bernie Lamach Date: JULY 2, 2008

Campaign Treasurer's Acceptance of Appointment

I, DEBORAH A. LAMACH, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of BERNIE LAMACH

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

IONA-MCGREGOR FIRE DISTRICT, BEAT 4 . As a duly registered voter in LEE
 County, Florida, I am qualified to accept this appointment.

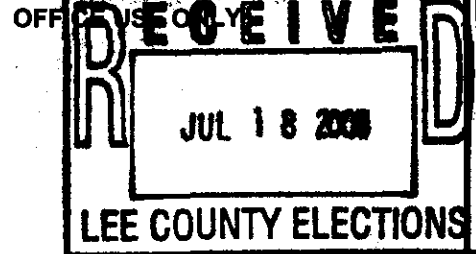
**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
 ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

JULY 2, 2008 X Bernie Lamach
 Date 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.)

(PLEASE TYPE)



CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
FERNARD D. LAMACH

1. Address (include post office box or street, city, state, zip code)
**5309 SHAWLEY CIRCLE
FT. MYERS FL 33919**

Telephone (optional)
(239) 590-0395

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
IONA-Mc GREGOR F.D. SECT 4

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

4. Name of Treasurer or Deputy Treasurer
FERNARD D. LAMACH

5. Mailing Address (If post office box or drawer add street address)
5309 SHAWLEY CIR.

6. Telephone
590-0395

7. City
FT MYERS

8. County
LEE

9. State
FL

10. Zip Code
33919

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

11. Name of Bank
EDISON BANK

12. Street Address
13000 S. CLEVELAND

13. City
FT. MYERS

14. County
LEE

15. State
FLORIDA

16. Zip Code
33907

17. Signature of Candidate
X *Fernand D. Lamach*

Date
7/19/2008

Campaign Treasurer's Acceptance of Appointment

I, **FERNARD D. LAMACH**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **BERNIE LAMACH**

who is seeking nomination or election as a *[Signature]* candidate to the office of

IONA-Mc GREGOR FIVE DIST. CONGR. (Party) **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.**

July 19, 2008
Date

X *Fernand D. Lamach*
Signature of Campaign Treasurer or Deputy Treasurer



OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, BERNARD D. LAMACH,
candidate for the office of COMMISSIONER, IONA-M. GREGOR ;
Seat 4
FIVE DISTRICT
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Bernard D. Lamach
Signature of Candidate

6/16/08
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).

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

I, BERNARD D. LANBACH, am a candidate for the Special District
(print name)

office of: IONA - MCGREGOR FIZIE DISTRICT
(district name and district #, seat #, or area#)

in the GENERAL NOV. 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 Bernard D. Lanbach
Signature of Candidate

6/16/08
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, <u>BERNARD</u>	<u>D.</u>	<u>LAMACH</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, BERNIE LAMACH

(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 COMMISSIONER, 10NA-McGREGOR SEAT
(office) (district) (group)

My legal residence is 5309 SHADLEY CIR., 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>Bernard Lamach</u>	<u>(239) 590-0395</u>	<u>blamach@yahoo.com</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>5309 SHADLEY CIRCLE</u>	<u>FT. MYERS</u>	<u>FL</u>	<u>33919</u>
Address	City	State	ZIP Code

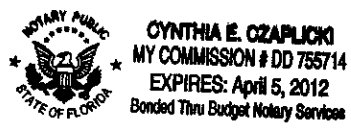
Sworn to (or affirmed) and subscribed before me this 11 day of JUNE, 2008.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced:
FL D/L

Cynthia E. Zaplicki
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



SCANNED

FORM 1

STATEMENT OF

2007

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME: LAMACH, BERNARD D.

MAILING ADDRESS: 5309 SHAWLEY CIRCLE

CITY: FT. MYERS ZIP: 33919 COUNTY: LEE

NAME OF AGENCY: IOWA - MCGREGOR FIFTE DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT: SEAT 4 COMMISSIONER, IOWA - MCGREGOR F.D.

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF [X] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

08 JUN 16 AM 10 20 SOE Lee Co FI

PDF 2007

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):

[X] 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 [X] DOLLAR VALUE THRESHOLDS

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

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include SOC. SEC. RETIREMENT, U.S. GOV'T, DEBRA DIMOND, 102 E. MAIN ST BRADFORD, NH, WORKMANS COMP., U.S. & FL. STATE GOV., TROPICAL HARDWARE.

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

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row includes MORGAN-STANLEY, MUTUAL FUND DIVIDEND, 30 MAIN ST BURLINGTON, VT, INVESTMENT SERVICES.

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

RESIDENCE, 5309 SHAWLEY CIR. FT MYERS, 33919

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.



PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
FIRST MORTGAGE DEBRA DIAMOND	COMMERCIAL PROPERTY, 102 EAST MAIN ST BRADFORD, NH.
MUTUAL FUNDS	MORGAN-STANLEY, BURLINGTON, VT.
SAVINGS MONEY MKT. FUND	COMMUNITY BANK, FT. MYERS, FL.

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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		
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): *Edward J. Linnach* DATE SIGNED (required): 6/16/08

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 Macley 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**

(1) BERNIE LAMACH

OFFICE USE ONLY 112

**FINAL
REPORT**

Name

(2) 5309 SHALLEY CIR, FORT MYERS, FL 33919

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number _____

(4) Check appropriate box(es):

Candidate (office sought): IONA-MCGREGOR FIRE-4

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 10/31/2008 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 \$ 18.50
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 18.50

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 500.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

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

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

(Type name) Deborah A. Lamach
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Bernard D. Lamach
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Deborah A. Lamach
 Signature

X Bernard D. Lamach
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BERNIE LAMACH (2) I.D. Number 112

(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
(6) Sequence Number							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BERNIE LAMACH

(2) I.D. Number 112

10/31/2008 through 2/2/2009

(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					
12/10/2008 / / 1	Lamach, Deborah A 5309 Shalley Circle Fort Myers, FL 33919	return of loan and close campaign fund	DI		\$18.50

WAIVER OF REPORT

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

(PLEASE TYPE)

BERNIE LAMACH
5309 SHALLEY CIR
FORT MYERS, FL 33919

OFFICE USE ONLY

112

IONA-MCGREGOR FIRE-4

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

- | | | |
|---|--|---|
| <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. |

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

Bernie J. Lamach

10/30/2008

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.

0800CT31PM1045 SDE Lee Co FI

WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

112

BERNIE LAMACH
5309 SHALLEY CIR
FORT MYERS, FL 33919

IONA-MCGREGOR FIRE-4

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

- | | | |
|---|--|---|
| <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. |

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

9/27/2008 through 10/10/2008 (G3)

X

Bernie G. Lamach Oct. 11, 2008
Signature Campaign Files 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.

WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

112

BERNIE LAMACH
5309 SHALLEY CIR
FORT MYERS, FL 33919

IONA-MCGREGOR FIRE-4

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

- | | | |
|---|--|---|
| <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. |

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

9/13/2008 through 9/26/2008 (G2)

X

Bernie Lamach, Treas.
Signature

9/27/2008
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 112

(1) BERNIE LAMACH
Name

(2) 5309 SHALLEY CIR, FORT MYERS, FL 33919
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): IONA-MCGREGOR FIRE-4

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 \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 216.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 216.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 481.50

(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) Deborah A. Lamach

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Signature Deborah A. Lamach

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

(Type name) BERNARD D. LAMACH

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

Signature Bernard D. Lamach

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BERNIE LAMACH

(2) I.D. Number 112

(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
9/2/2008 //	Seabreeze Communications, 5630 Halifax Fort Myers, FL 33912	advertisi ng	MO		\$216.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BERNIE LAMACH (2) I.D. Number 112

(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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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WAIVER OF REPORT

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

(PLEASE TYPE)

BERNIE LAMACH
5309 SHALLEY CIR
FORT MYERS, FL 33919

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.

OFFICE USE ONLY

112

IONA-MCGREGOR FIRE-4

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

8/2/2008 through 8/21/2008 (F3)

X

Bernie Lamach

Signature

August 18, 2008

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.

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WAIVER OF REPORT

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

(PLEASE TYPE)

BERNIE LAMACH
5309 SHALLEY CIR
FORT MYERS, FL 33919

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.

OFFICE USE ONLY

112

IONA-MCGREGOR FIRE-4

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)

X

Bernie Lamach
Signature

CAMPAIGN TREASURER

August 3, 2008
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.)

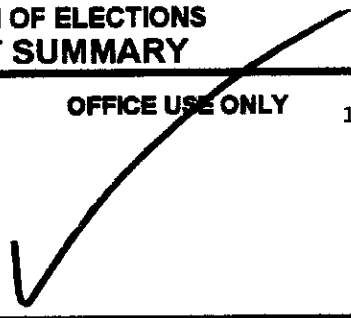
Party Executive Committees

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 112



(1) BERNIE LAMACH
Name

(2) 5309 SHALLEY CIR, FORT MYERS, FL 33919
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): IONA-MCGREGOR FIRE-4

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 \$ 0.00

Loans \$ 500.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 265.50

Transfers to Office Account \$ 0.00

Total Monetary \$ 265.50

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 265.50

(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) DEBORAH A. LAMACH

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Deborah A. Lamach
Signature

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

(Type name) BERNARD D. LAMACH

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

X Bernard D. Lamach
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BERNIE LAMACH (2) I.D. Number 112

4/1/2008 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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/7/2008 / /	Lamach, Deborah A 5309 Shalley Circle Port Myers, FL 33919	I	retired	LO			\$500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BERNIE LAMACH

(2) I.D. Number 112

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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
7/15/2008 / /	Signs By Tomorrow, 12700 Metro Parkway, Suite 3 Fort Myers, F 33919	yard signs	MO		\$185.50
1					
7/17/2008 / /	Seabreeze Communications Group, 5630 Halifax Avenue Fort Myers, FL 33919	advertise october ment in whiskey creek news	MO		\$80.00
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