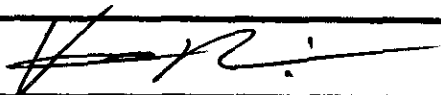


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name <u>(as it will appear on ballot)</u>	111339284	
And Residence Address	RIBEIRO, VILMAR ALVES 350 VAN BUREN ST FORT MYERS FL 33916	
Mailing Address (If Different)	— N/A —	
Telephone Number(s) (Daytime)	690-9884	OR
Email Address	vilmar.alvesribeiro@gmail.com	
Office Sought	HOSP BD DIST 5	
Area, District, Group Or Seat Number	DIST 5	
Political Party (If Applicable)	NON	
Date Of Birth Or Voter ID #	02-015531 or 111339284	
Date	5/23/08	
Candidate Signature	X 	

*08MAY23PM1125 SOE Lee Co FL

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 made 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

RIBEIRO, VILMAR ALVES
350 VAN BUREN ST
FORT MYERS FL 33916

111339284

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

VILMAR ALVES RIBEIRO

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

350 VAN BUREN STREET
FORT MYERS, FL 33916

Telephone (optional)

(239) 690-9884

2. Party (Partisan candidates only)

NON

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

Lee Memorial Hosp Bd Dist 5

I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

RIBEIRO, VILMAR ALVES
350 VAN BUREN ST
FORT MYERS FL 33916

111339284

6. Telephone

239-690-9884

9. State

10. Zip Code

I have designated the following named bank as my

Primary Depository Secondary Depository

11. Name of Bank

Suncoast Schools FCU

12. Street Address

1533 Matthew Dr.

13. City

Fort Myers

14. County

Lee

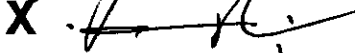
15. State

FL

16. Zip Code

33907

17. Signature of Candidate

X 

Date

Campaign Treasurer

111339284

I, _____
(Please Print or Type)

RIBEIRO, VILMAR ALVES
350 VAN BUREN ST
FORT MYERS FL 33916

ent as

Campaign Treasurer Deputy Treasurer

who is seeking nomination or election as a

NON
(Party)

candidate to the office of

Lee Memorial Health System

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.

5/23/08

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

111339284

State of Florida
County of Lee

RIBEIRO, VILMAR ALVES
350 VAN BUREN ST
FORT MYERS FL 33916

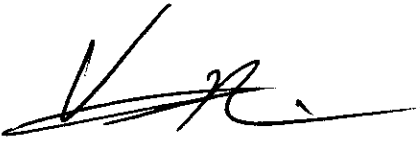
I, Vilmar Alves Ribeiro, a candidate for the
(print name)

special district office of: HOSP BD DIST 5
(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 
Signature of Candidate

05/23/08
Date

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

OFFICE USE ONLY

111339284

RIBEIRO, VILMAR ALVES
350 VAN BUREN ST
FORT MYERS FL 33916

I, VILMAR ALVES RIBEIRO,
candidate for the office of HOSP BD DIST 5;

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

X



Signature of Candidate

5/23/08
Date

08MAY23PM1125 SDE Lee Co Fl

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).

**LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS
NON-PARTISAN CANDIDATE LOYALTY OATH**

NON-PARTISAN OFFICE
Sections 876.05-876.10, Florida Statutes, 2000 Florida House Bill 1615
STATE OF FLORIDA - LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
VILMAR	A.	RIBEIRO

I am 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, Vilmar Ribeiro, am a candidate for the office of
(PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

Lee Memorial Health System Board of Directors and the Lee County Trauma Services Board of Directors for District 5, AND that;

My legal residence is 350 Van Buren St., Fort Myers, FL, 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.

AND that;
I, Vilmar Ribeiro a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida, AND that;

I have not violated any of the laws of the State of Florida relating to electors and to registration of electors, AND that;

I am seeking election as a director of the Lee Memorial Health System Board of Directors and the Lee County Trauma Services District Board of Directors from the county health system district which I reside in, AND that; I have taken the oath required by section 876.05, Florida Statutes.

X [Signature] (239) 690-9884
Signature of Candidate Daytime Telephone Number Email Address

350 Van Buren St. Fort Myers FL 33916
Address City State Zip Code

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

- Personally Known
- 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. 800-385-7019

This form has been modified for Lee County only 2/26/2008

*08JUN19PM1051 SDE Lee Co Fl

SCANNED

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :

RIBEIRO Vilmar A.

MAILING ADDRESS :

350 Van Buren St.

CITY : Fort Myers

ZIP : 33916

COUNTY : Lee

NAME OF AGENCY : Donna Ribeiros

NAME OF OFFICE OR POSITION HELD OR SOUGHT : LMHB

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

08JUN19M1051 SOE Lee Co FI

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

[X] DECEMBER 31, 2007 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 2007

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]

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Vilmar Ribeiro Landscaping & Plant Brokerage, 350 Van Buren St. Ft Myers, FL 33916, Landscaping

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 1: N/A

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

Table with 1 column: REAL PROPERTY. Row 1: 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 3.



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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

[Handwritten signature]

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

[Handwritten signature]

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

[Handwritten signature]

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

SIGNATURE (required):

[Handwritten signature]

DATE SIGNED (required):

6/19/08

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

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

OFFICE USE ONLY

FINAL REPORT

HEALTH SYSTEM-5

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

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

X

Signature

1-8-2009

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.

09 JAN 08 PM 04:27 SDE Lee Co FI

WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

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

OFFICE USE ONLY

81

HEALTH SYSTEM-5

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

Signature

10-31-2008

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.

WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

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
 Political Committee Party Executive Committee

OFFICE USE ONLY

81

HEALTH SYSTEM-5

Identification Number (Assigned by Division
of Elections)

Office Sought (Include District, Circuit or
Group Number)

- Check box if address has changed since last report.
 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


Signature

10-14-2008
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.

0810CT14PM1239 SDE Lee Co Fl

WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

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

OFFICE USE ONLY

RECEIVED

OCT 2 2008

81

HEALTH SYSTEM-5

LEE COUNTY ELECTIONS

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

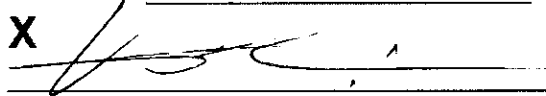
- 46th day prior
 32nd day prior
 18th day prior
 4th day prior

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 

Signature

10-2-2008

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.

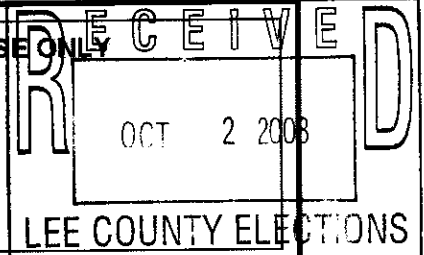
WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

OFFICE USE ONLY



81

HEALTH SYSTEM-5

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

PRIMARY ELECTION

GENERAL ELECTION

- | | | | |
|----------------------------------|---|---|--|
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 46th day prior | <input type="checkbox"/> TERMINATION REPORT
<input type="checkbox"/> SPECIAL ELECTION |
| <input type="checkbox"/> April | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior | |
| <input type="checkbox"/> July | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 18th day prior | |
| <input type="checkbox"/> October | | <input type="checkbox"/> 4th day prior | |

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

8/22/2008 through 9/12/2008 (G1)


Signature

10/2/2008
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.

WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

OFFICE USE ONLY

81

HEALTH SYSTEM-5

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

PRIMARY ELECTION

GENERAL ELECTION

- January
- April
- July
- October

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

- 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

Signature

8/25/08

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.

WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

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

81

HEALTH SYSTEM-5

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


Signature

8/25/2008
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.

WAIVER OF REPORT

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

(PLEASE TYPE)

VILMAR ALVES RIBEIRO
350 VAN BUREN ST
FORT MYERS, FL 339616

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

Address (Number and Street)

City State Zip Code

Candidate

Committee of Continuous
Existence

Check box if address has changed since last
report.

Political Committee

Party Executive Committee

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

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

January

April

July

October

PRIMARY ELECTION

32nd day prior

18th day prior

4th day prior

GENERAL ELECTION

46th day prior

32nd day prior

18th day prior

4th day prior

TERMINATION REPORT

SPECIAL ELECTION

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

4/1/2008 through 7/18/2008 (F1)

X

Signature

07/23/2008

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.

OFFICE USE ONLY

81

HEALTH SYSTEM-5

Identification Number (Assigned by Division
of Elections)

Office Sought (Include District, Circuit or
Group Number)

08 JUL 23 PM 04:14 SDE Lee Co F1