

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	DEANNA L. RICKARD		
Residence Address	55 POPLAR PLACE		
City and Zip Code	FORT MYERS, FL. 33908		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	466-5386	OR	
Email Address			
Office Sought	FIRE COMMISSIONER		
Area, District, Group Or Seat Number	IONA MCGREGOR SEAT 4		
Political Party (If Applicable)	NON		
Date Of Birth Or Voter ID #	AUGUST 17, 1940		
Date	6-2-08		
Candidate Signature	X Deanna L. Rickard		

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



**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, DEANNA L. RICKARD,

candidate for the office of FIRE COMMISSIONER ;

Iona/McGregor Seat 4  
have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Deanna L. Rickard

Signature of Candidate

6-2-08

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, DEANNA L. RICKARD, a candidate for the  
(print name)  
Fire Commission  
special district office of: IONA MCGREGOR - SEAT 4  
(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 Deanna L. Rickard  
Signature of Candidate

6-2-08  
Date

**CANDIDATE FOR  
NON-PARTISAN OFFICE**  
(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

LEE COUNTY

I, <u>DEANNA</u>	<u>L.</u>	<u>RICKARD</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, DEANNA L. RICKARD  
(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 FIRE COMMISSIONER, IONA 4  
(office) (district) (group)

My legal residence is 55 POPLAR PLACE 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** Deanna L. Rickard (239) 466-5386  
Signature of Candidate Daytime Telephone Number

55 POPLAR PLACE FT. MYERS FL. 33908  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 3rd day of June, 2008.

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

Produced Identification:

Type of Identification Produced: FL ID#

R 263 172 40797-0

Bernice R. Feliciano  
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



FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

RICKARD, DEANNA LEE

MAILING ADDRESS :

55 POPLAR PLACE

FORT MYERS 33908 LEE

CITY: ZIP: COUNTY:

IONA MCGREGOR FIRE DISTRICT

NAME OF AGENCY :

FIRE COMMISSIONER Seat 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

COPY

08-11-03 PM 03:41 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 [X] 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):

[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 WALLACE, SIZELOVE + Co., SOCIAL Security Admin, and TIAA-CREF.

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. This section is crossed out with a large X.

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

Table with 2 columns: NAME OF REAL PROPERTY, ADDRESS OF REAL PROPERTY. This section is crossed out with a large X.

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 that may need to be filed are described on page 3.

SCANNED

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<b>COPY</b>	

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
WACHOVIA BANK	15165 Mc GREGOR BLVD FT. MYERS 33908
FORD MOTOR CREDIT	P.O. Box 54200 OMAHA, NE 68154-9000

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required): Deanna L. Rickard DATE SIGNED (required): 6-2-08

**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.

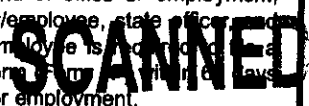
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**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 **within 60 days** of leaving office or employment.



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

OFFICE USE ONLY 85

**FINAL  
REPORT**

(1) DEANNA L RICKARD

Name

(2) 55 POPLAR PL, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) D 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 \$ 61.48

Transfers to Office Account \$ 0.00

Total Monetary \$ 61.48

(8) Other Distributions \$ 0.00

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

\$ 3,667.95

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

\$ 3,667.95

**(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) DEANNA L. RICKARD

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Deanna L. Rickard

Signature

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

(Type name) DEANNA L. RICKARD

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

Deanna L. Rickard

Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEANNA L RICKARD (2) I.D. Number 85

10/31/2008 through 2/2/2009

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

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

(1) Name DEANNA L RICKARD

(2) I.D. Number 85

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
1/30/2009 / / 1	RICKARD, DEANNA L 55 POPLAR PLACE FORT MYERS, FL 33908	reimburse candidate for expenses	MO		\$61.48
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

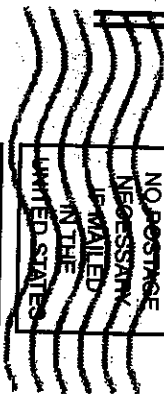
09FEB03P#0246 SDEL Co FI



Dee Rickard  
55 Poplar Pl  
Fort Myers, FL 33908



FT MYERS FL 339  
30 JAN 2009 PM 5 L



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



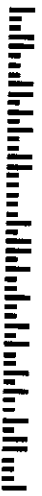
**BUSINESS REPLY MAIL**

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**

4



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

\*08011319M104750E Lee Co-F1

(1) DEANNA L RICKARD

Name

(2) 55 POPLAR PL, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY** 85



(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 10/11/2008 To 10/30/2008 Report Type G4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 50.00

Loans \$ 0.00

Total Monetary \$ 50.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 157.30

Transfers to Office Account \$ 0.00

Total Monetary \$ 157.30

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date  
\$ 3,667.95

(10) TOTAL Monetary Expenditures To Date  
\$ 3,606.47

**(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) DEANNA L. RICKARD

(Type name) DEANNA L. RICKARD

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

Deanna L. Rickard

Deanna L. Rickard

Signature

Signature



## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DEANNA L RICKARD

(2) I.D. Number 85

10/11/2008 through 10/30/2008

(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					
10/28/2008 / /	Rickard, Deanna L 55 Poplar Place Fort Myers, FL 33908	reimburse	MO		\$157.30
1		candidate for			
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

**OFFICE USE ONLY 85**

(1) DEANNA L RICKARD  
Name

(2) 55 POPLAR PL, FORT MYERS, FL 33908  
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 9/27/2008 To 10/10/2008 Report Type G3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 715.00

Loans \$ 0.00

Total Monetary \$ 715.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 2,453.30

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,453.30

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,617.95

(10) TOTAL Monetary Expenditures To Date

\$ 3,449.17

**(11) CERTIFICATION**

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

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

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

(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name)

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

X Deanna L. Rickard

Signature

X Deanna L. Rickard

Signature

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

(1) Name DEANNA L. RICKARD (2) I.D. Number 85  
 9/27/2008 through 10/10/2008  
 (3) Cover Period  / / through  / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/1/2008 / /	Firefighters & Paramedics for, 740 Commerce Drive, Suite Venice, FL 34292	O	firefight ers & paramedic	CH			\$500.00
1							
9/30/2008 / /	Wallace, Sizelove #B CO, 9734 Commerce Center Court Fort Myers, FL 33908	B		CH			\$100.00
2							
10/3/2008 / /	BAUCHERT, CHERYL 3855 W. DOUBLE J ACRES P.O. BOX 2474 LABRILE, FL 33975-2474	I		CH			\$15.00
3							
10/6/2008 / /	AMSLER, RAY C P. O. BOX 132 WILDORAR, CA 92595	I		CH			\$100.00
4							
/ /							
/ /							
/ /							
/ /							



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

(1) Name DEANNA L RICKARD  
 (3) Cover Period 9/27/2008 through 10/10/2008

(2) LD. Number 85  
 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/10/2008 //	GBSI INFORMATION SERVICES, 11515 CHARLIES TERRACE FORT MYERS, FL 33907-3054	postage and mailing of flyer to voters	MO		\$2,085.30
1					
10/10/2008 //	SEABREEZE COMMUNICATIONS GROUP, 5630 HALIFAX AVENUE FORT MYERS, FL 33912	fee for insert placement publicati in monthly ons	MO		\$368.00
2					
//					
//					

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

(1) DEANNA L RICKARD

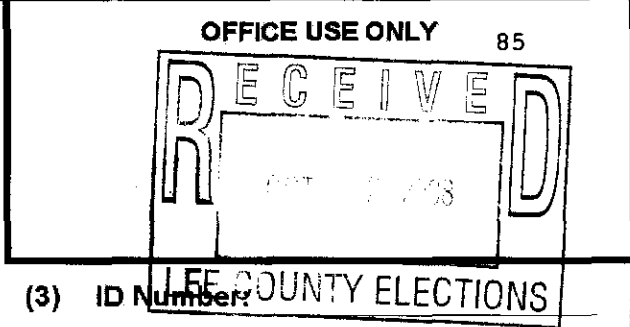
Name

(2) 55 POPLAR PL, FORT MYERS, FL 33908

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

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 995.87

Transfers to Office Account \$ 0.00

Total Monetary \$ 995.87

(8) Other Distributions \$ 0.00

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

\$ 2,902.95

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

\$ 995.87

**(11) CERTIFICATION**

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

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

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

(Type name) DEANNA L. RICKARD

(Type name) DEANNA L. RICKARD

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

Deanna L. Rickard

Deanna L. Rickard

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEANNA L. RICKARD (2) I.D. Number 85

9/13/2008 9/26/2008

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/19/2008 / / 1	Florida Fire-PAC, 345 West Madison Street Tallahassee, FL 32301-1625	O	florida profession al	CH			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DEANNA L RICKARD

(2) I.D. Number 85

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					
9/15/2008 / /	ARTYPE, 3530 WORK DRIVE FORT MYERS, FL 33916	printing campaign signs, mailers and palm cards	MO		\$995.87
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) DEANNA L RICKARD

Name

(2) 55 POPLAR PL, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY** 85

(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 \$ 1,302.95

Loans \$ 0.00

Total Monetary \$ 1,302.95

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

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

\$ 2,402.95

**(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.

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

(Type name) DEANNA L. RICKARD

(Type name) DEANNA L. RICKARD

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

Deanna L. Rickard

Deanna L. Rickard

Signature

Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DEANNA L. RICKARD (2) I.D. Number 85

8/22/2008 9/12/2008

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

(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				
9/4/2008 / /	LESHER, BRAD 229 NW 29TH PLACE CAPE CORAL, FL 33993	I		CH			\$25.00
1							
8/24/2008 / /	MOORE, ROBERT R 3449 NORWICK STREET PORT CHARLOTTE, FL 33952	I		CH			\$25.00
2							
8/26/2008 / /	PIETRIPAOLI, ANTONIO 149 WADING BIRD DRIVE VENICE, FL 34292	I		CH			\$15.00
3							
9/5/2008 / /	WATSON, ROGER L 4301 E 2ND STREET LEHIGH ACRES, FL 33936	I		CH			\$15.00
4							
9/6/2008 / /	LOCKWOOD, JON 5555 SUNRISE DRIVE FORT MYERS, FL 33919	I		CH			\$15.00
5							
9/5/2008 / /	TOTAL CUSTOM SOLUTIONS, 1218 SE VAN LOON TERRACE CAPE CORAL, FL 33990	I		CH			\$25.00
6							
9/4/2008 / /	PORTER, DAVID 409 SE 9 PLACE CAPE CORAL, FL 33990	I		CH			\$90.00
7							
9/4/2008 / /	SW FL PROF FIREFIGHTERS, LOCAL 1826 2030 WEST 1ST STREET SUITE C FORT MYERS, FL 33901	O	local fire fighters and<	CH			\$500.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEANNA L. RICKARD (2) I.D. Number \_\_\_\_\_

8/22/2008 9/12/2008

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/7/2008 / /	SIMPSON, WILLIAM 13870 MCGREGOR BLVD FORT MYERS, FL 33919	I	fire fighter	CH			\$277.95
9							
9/3/2008 / /	AQUIL, KHALID 3206 42ND STREET SW LEHIGH ACRES, FL 33971	I		CH			\$25.00
10							
9/8/2008 / /	GUZMAN, JOEL 247 BETHANY HOME DRIVE LEHIGH ACRES, FL 33936	I		CA			\$20.00
11							
9/8/2008 / /	DREWS, KARL 8261 CYPRESS DRIVE SOUTH FORT MYERS, FL 33912	I		CA			\$20.00
12							
9/8/2008 / /	RAY, JAMES 215 LAKEVIEW DRIVE FORT MYERS, FL 33917	I		CA			\$20.00
13							
9/8/2008 / /	KILKELLY, TIMOTHY 19225 MURCOTT DRIVE WEST FORT MYERS, FL 33912	I		CA			\$20.00
14							
9/8/2008 / /	MUNSEY, STEVE 1181 SHETLAND STREET PORT CHARLOTTE, FL 33980	I		CA			\$10.00
15							
9/8/2008 / /	BARBER, TERENCE 1028 SW 11TH COURT CAPE CORAL, FL 33991	I		CA			\$10.00
16							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DEANNA L RICKARD (2) I.D. Number \_\_\_\_\_

8/22/2008 9/12/2008

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/8/2008 / /	RAWLS, GREGORY 2379 LASALLE AVENUE FORT MYERS, FL 33907	I		CA			\$20.00
17							
9/8/2008 / /	LYNCH, BRIAN 4902 SW 27TH PLACE CAPE CORAL, FL 33914.	I		CA			\$15.00
18							
9/8/2008 / /	GONZALEZ, ALEX ADDRESS WITHHELD PURSUANT TO STATUTE 119.07	I		CA			\$35.00
19							
9/8/2008 / /	GUILLERY, ROBERT 2701 SW 5TH STREET LEHIGH ACRES, FL 33991	I		CA			\$20.00
20							
9/11/2008 / /	BAXTER, MARIANNE 45 DOGWOOD WAY FORT MYERS, FL 33908	I		CH			\$100.00
21							
/ /							
/ /							
/ /							
/ /							



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

(1) Name DEANNA L RICKARD

(2) I.D. Number 85

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

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

# WAIVER OF REPORT

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

(PLEASE TYPE)

**DEANNA L RICKARD**  
55 POPLAR PL  
FORT MYERS, FL 33908

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

85

**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

*Deanna L. Rickard*

Signature

*8/18/08*

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.

ORANGE COUNTY 1145 SOLE LEE CO FL

# WAIVER OF REPORT

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

(PLEASE TYPE)

**DEANNA L RICKARD**  
55 POPLAR PL  
FORT MYERS, FL 33908

OFFICE USE ONLY

85

**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

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

**X** Deanna L. Rickard

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.

08PLUG04RM0921 SDE Lee Co FI



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEANNA L RICKARD (2) I.D. Number 85

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				
6/20/2008 / /	Rickard, Deanna L 55 Poplar Place Fort Myers, FL 33908	I		LO			\$100.00
1							
7/7/2008 / /	Local 1826, IAFF, 2030 West First St, Ste C Fort Myers, FL 33901	B	southwest florida profes	CH			\$500.00
2							
7/18/2008 / /	FL Prof Firefighters, 345 West Madison Street Tallahassee, FL 32301-1625	C	florida profession al f	CH			\$500.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

