

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

<b>Candidate Name</b>	111634816		
<b>Residence Address</b>	SARDO, VINCENT JR 11670 SPOONBILL LN FORT MYERS FL 33913		
<b>City and Zip Code</b>			
<b>Mailing Address (if different)</b>	<input checked="" type="checkbox"/> Check if same as above.		
<b>Telephone Number(s) (Daytime)</b>	561-0683	OR	
<b>Email Address</b>	vincens@comcast.net		
<b>Office Sought</b>	Gateway CDD		
<b>Area, District, Group Or Seat Number</b>	Seat 2		
<b>Political Party (If Applicable)</b>	non -		
<b>Date Of Birth Or Voter ID #</b>	111634816		
<b>Date</b>	6/11/08		
<b>Candidate Signature</b>	X <i>Vincent Sardo</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

<b>STATE OF FLORIDA</b> <b>APPOINTMENT OF CAMPAIGN TREASURER</b> <b>AND DESIGNATION OF CAMPAIGN</b> <b>DEPOSITORY FOR CANDIDATES</b> (Section 106.021(1), F.S.)  (PLEASE TYPE)	<b>OFFICE USE ONLY</b>  111634816  SARDO, VINCENT JR 11670 SPOONBILL LN FORT MYERS FL 33913
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CHECK APPROPRIATE BOX:

Original Appointment    
  Deputy Treasurer    
  Reappointment of Treasurer    
  Secondary Depository

Name of Candidate: - listed above -

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

Telephone (optional): 239561-0683    
 2. Party (Partisan candidates only): non-partisan    
 3. Office (add district, circuit, group number): Gateway CDD (S-2)

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

4. Name: SARDO, VINCENT JR     111634816

5. Address: 11670 SPOONBILL LN  
FORT MYERS FL 33913

6. Telephone: 561-0683

7. State: \_\_\_\_\_     10. Zip Code: \_\_\_\_\_

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

11. Name of Bank: Old Florida Bank     12. Street Address: Daniels Pkwy -

13. City: Fort Myers     14. County: Lee     15. State: FL     16. Zip Code: \_\_\_\_\_

17. Signature of Candidate: [Signature]     Date: 6/11/2008

**Campaign Treasurer's Acceptance of Appointment**

111634816

I, Vincent Sardo (Please Print or Type)     SARDO, VINCENT JR  
11670 SPOONBILL LN  
FORT MYERS FL 33913

Campaign Treasurer  Deputy Treasurer for the campaign

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

Gateway CDD (S-2) As a duly registered voter in Lee County, Florida, I am qualified to accept this appointment.

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

6/11/2008 Date     [Signature] Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Vincent Sardo,

candidate for the office of Gateway Services Community Dev. District;

*Seat 2*

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X *Vincent Sardo*  
Signature of Candidate

June 9, 2008  
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**

08 JUN 14 PM 12:32 SDE Lee Co FL

# AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida  
County of Lee

I, Vincent Sardo, am a candidate for the Special District  
(print name)


Office of: Gateway Services Community Development District Board of Supervisors, Seat 2  
(district name and district #, seat #, or area#)

In the November 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**  06-09-08  
Signature of Candidate 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."*

# LOYALTY OATH FOR NON-PARTISAN OFFICE

(Sections 876.05-876.10, Florida Statutes)

## OFFICE USE ONLY

111634816

SARDO, VINCENT JR  
11670 SPOONBILL LN  
FORT MYERS FL 33913

STATE OF FLORIDA

Lee COUNTY

I,	Vincent	--	Sardo
	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, Vincent Sardo  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Board of Supervisors, Gateway CDD, 2  
(office) (district) (group)

My legal residence is 11670 Spoonbill Lane, Fort Myers, 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 Vincent Sardo ( 239 ) 561-0683 Vinces@comcast.net

Signature of Candidate Daytime Telephone Number Email Address

11670 Spoonbill Lane Fort Myers FL 33913

Address City State ZIP Code

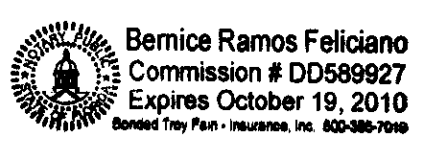
Sworn to (or affirmed) and subscribed before me this 11th day of June, 2008.

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

Produced Identification:

Type of Identification Produced: FLDL S630-860-43-094-0

Bernice Ramos Feliciano  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



08 JUN 14 PM 12:32 SDEL ee Co F1

# 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 :

Sardo, Vincent --

MAILING ADDRESS :

11670 Spoonbill Lane

Fort Myers

33913

LEE

CITY :

ZIP :

COUNTY :

Fort Myers

NAME OF AGENCY :

Gateway Services Community Development District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Supervisors Seat 2

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2007

08 JUN 14 PM 12:32 SDEL ee Co F1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

### DISCLOSURE PERIOD:

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



DECEMBER 31, 2007

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

### MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Security		
Rental Property	12221 Towne Lake Dr. Fort Myers, FL 33913	Tenants

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

11670 Spoonbill Lane Fort Myers, Florida 33913
12221 Towne Lake Drive Fort Myers, Florida 33913

**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.

08 JUN 16 PM 12:56 SDEL ee Co F1



PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase (Mortgage)	PO Box 9001871 Louisville KY 40290

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			
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):  DATE SIGNED (required): 06-09-08

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

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

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

Facsimiles will not be accepted.

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

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

**WHERE TO FILE:**

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

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

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

**Candidates** file this form together with their qualifying papers.

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

**WHEN TO FILE:**

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

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

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

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



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

**FINAL REPORT AMENDED REPORT**

OFFICE USE ONLY 90

(1) VINCENT SARDO  
 Name  
 (2) 11670 SPOONBILL LN, FORT MYERS, FL 33913  
 Address (number and street)  
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): GATEWAY CDD-2  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication

CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 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	\$	0.00
Transfers to Office Account	\$	0.00
Total Monetary	\$	0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date \$ 0.00

(10) TOTAL Monetary Expenditures To Date \$ 0.00

(11) CERTIFICATION

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

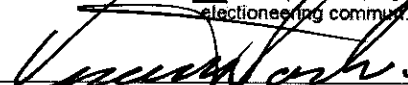
I certify that I have examined this report and it is true, correct, and complete.

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

(Type name) Vincent Sardo  
 Individual (only for electioneering comm.)  Treasurer  Deputy Treasurer

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

X   
 Signature

X   
 Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VINCENT SARDO (2) I.D. Number 90  
 (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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VINCENT SARDO

(2) I.D. Number 90

(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) 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)

VINCENT SARDO  
11670 SPOONBILL LN  
FORT MYERS, FL 33913

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

Address (Number and Street)

City State Zip Code



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

90

GATEWAY CDD-2

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

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

X

*Vincent Sardo*

Signature

11-11-2008

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**

(1) VINCENT SARDO  
Name  
(2) 11670 SPOONBILL LN, FORT MYERS, FL 33913  
Address (number and street)  
  
City, State, Zip Code

OFFICE USE ONLY 90  
\*08OCT29PM0258 SIDE Lee Co FL

CHECK IF ADDRESS HAS CHANGED

(3) ID Number:

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-2  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED  
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT  
Cash & Checks \$ 0.00  
Loans \$ 0.00  
Total Monetary \$ 0.00  
In-Kind \$ 162.47

(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  
\$ 14.97

(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) Vincent SarDO  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

X  
Signature

X  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VINCENT SARDO (2) I.D. Number 90

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) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10/27/2008 / /	Sardo, Vince 11670 Spoonbill Lane Fort Myers, FL 33913	I	retired	IK	campaign signs		\$132.50
1							
10/27/2008 / /	Sardo, Vince 11670 Spoonbill Lane Fort Myers, 90 33913	I		IK	website payment		\$29.97
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VINCENT SARDO

(2) I.D. Number 90

(3) Cover Period 10/11/2008 through 10/30/2008

(4) Page 1 of 0

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

# WAIVER OF REPORT

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

(PLEASE TYPE)

VINCENT SARDO  
11670 SPOONBILL LN  
FORT MYERS, FL 33913

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

Address (Number and Street)

City State Zip Code

- 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  
  
90

GATEWAY CDD-2

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

### TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January  
 April  
 July  
 October

PRIMARY ELECTION

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

GENERAL ELECTION

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

TERMINATION REPORT

SPECIAL ELECTION

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

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

Vincent Sardo Signature 10/15/2008 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.

080017PM0358 SDEL 09/01

# WAIVER OF REPORT

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

(PLEASE TYPE)

VINCENT SARDO  
11670 SPOONBILL LN  
FORT MYERS, FL 33913

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

Address (Number and Street)

City State Zip Code

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

OFFICE USE ONLY

90

GATEWAY CDD-2

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

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

X



Signature

9-29-2008

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.)

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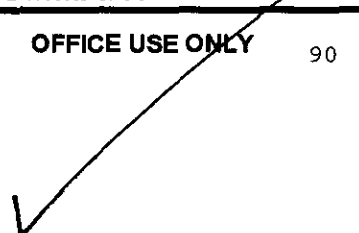
**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) VINCENT SARDO  
Name

(2) 11670 SPOONBILL LN, FORT MYERS, FL 33913  
Address (number and street)

\_\_\_\_\_  
City, State, Zip Code

**OFFICE USE ONLY** 90



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 90

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-2

Political Committee  CHECK IF PC HAS DISBANDED

Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED

Party Executive Committee  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

**(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 \$ 156.45

**(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**

\$ 14.97

**(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) Vincent Sardo

(Type name) Vincent Sardo

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X** Vincent Sardo 9-15-2008  
Signature

**X** Vincent Sardo 9-15-2008  
Signature

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

(1) Name VINCENT SARDO (2) I.D. Number 90

8/22/2008 through 9/12/2008

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
8/30/2008 / /	Sardo, Vince 11670 Spoonbill Lane Fort Myers, FL 33913	I	retired	IK	campaignf paper for lyers		\$23.95
1							
9/5/2008 / /	Vince, Sardo 11670 Spoonbill Lane Fort Myers, FL 33913	I	retired	IK	campaign signs		\$132.50
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

*Sardo*  
9/15/2008

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name VINCENT SARDO (2) I.D. Number 90  
 8/22/2008 through 9/12/2008  
 (3) Cover Period      /      /      through      /      /      (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
///					
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*V. Sarde*  
9/15/2008

# WAIVER OF REPORT

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

(PLEASE TYPE)

VINCENT SARDO  
11670 SPOONBILL LN  
FORT MYERS, FL 33913

## OFFICE USE ONLY

90

GATEWAY CDD-2

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

Identification Number (Assigned by Division  
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or  
Group Number)

City State Zip Code

- Candidate       Committee of Continuous Existence       Check box if address has changed since last report.
- Political Committee       Party Executive Committee       Check here if PC or CCE has DISBANDED and will no longer file reports.

### TYPE OF REPORT (Check Appropriate Box)

#### QUARTERLY REPORTS

#### PRIMARY ELECTION

#### GENERAL ELECTION

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

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

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

X

Vincent Sardo  
Signature

8/20/2008  
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.

\*08AUG21PM1259 SDE Lee Co F1

# WAIVER OF REPORT

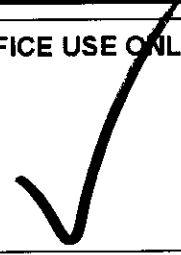
(Section 106.07(7), F.S.)

(PLEASE TYPE)

VINCENT SARDO  
11670 SPOONBILL LN  
FORT MYERS, FL 33913

OFFICE USE ONLY

90



GATEWAY CDD-2

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"/> 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

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

*Vincent Sardo* Signature 8/1/2008 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.

08ALIC05PM0849 SDE Lee Co F1

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

OFFICE USE ONLY 90

(1) VINCENT SARDO  
Name

(2) 11670 SPOONBILL LN, FORT MYERS, FL 33913  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-2

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**AMENDED  
REPORT**

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

**(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 \$ -14.97

Loans \$ 0.00

Total Monetary \$ -14.97

In-Kind \$ 14.97

**(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

\$ 0.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

**(11) CERTIFICATION**

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

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

(Type name) Vincent Sardo

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** *Vincent Sardo*  
Signature

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

(Type name) Vincent Sardo

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

**X** *Vincent Sardo*  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VINCENT SARDO (2) I.D. Number 90

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/11/2008 / /	Sardo, Vincent 11670 Spoonbill Lane Fort Myers, FL 33913	I		CA	setup web www.vince site sardo.com	Delete	\$14.97
1							
7/11/2008 / /	Sardo, Vincent 11670 Spoonbill Lane Fort Myers, FL 33913	I		IK	setup web www.vince site sardo.com	Add	\$14.97
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VINCENT SARDO

(2) I.D. Number 90

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

(4) Page 1 of 0

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



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

(1) VINCENT SARDO  
Name

(2) 11670 SPOONBILL LN, FORT MYERS, FL 33913  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY** 90

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

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-2

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 \$ 14.97

Loans \$ 0.00

Total Monetary \$ 14.97

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**

\$ 14.97

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

\$ 0.00

**(11) CERTIFICATION**

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

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

(Type name) Vincent Sardo  
 Individual (only for electioneering commu.)  Treasurer  Deputy Treasurer

**X** Vincent Sardo  
Signature

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

(Type name) Vincent Sardo  
 Candidate  Chairperson (only for PC, PTY & electioneering commu. organization)

**X** Vincent Sardo  
Signature

\*08 JUL 25 PM 11:24 SDE Lee Co F1

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name VINCENT SARDO (2) I.D. Number 90

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
7/11/2008 / / 1	Sardo, Vincent 11670 Spoonbill Lane Fort Myers, FL 33913	I		CA	setup web www.vince site sardo.com		\$14.97
/ /							
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/ /							
/ /							

*Vincent Sardo*

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

(1) Name VINCENT SARDO

(2) I.D. Number 90

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

(4) Page 1 of 0

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