

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	Damon Shelor		
Residence Address	211 JACKSON AVE		
City and Zip Code	Lehigh ACRES, FL. 33936		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	(239) 369-4712	OR	(239) 222-4621
Email Address	dshelor@comcast.net		
Office Sought	East County Water Control District, Seat #1		
Area, District, Group Or Seat Number	Seat #1		
Political Party (If Applicable)	N/A		
Date Of Birth Or Voter ID #	80-014539		
Date	3/6/08		
Candidate Signature	<input checked="" type="checkbox"/> Damon Shelor		

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.

08M1R06PM0312 SOE Lee Co FL

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>
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CHECK APPROPRIATE BOX:

Original Appointment   
  Deputy Treasurer   
  Reappointment of Treasurer   
  Secondary Depository

Name of Candidate <b>DAMON Sheloe</b>	1. Address (include post office box or street, city, state, zip code) <b>211 JACKSON AVE. Lehigh Acres, FL 33936</b>
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Telephone (optional) <b>(239) 369-4712</b>	2. Party (Partisan candidates only) <b>N/A</b>	3. Office (add district, circuit, group number) <b>EAST COUNTY WATER CONTROL DISTRICT</b>
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I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
**Katy McKENNEY**

5. Mailing Address (if post office box or drawer add street address) <b>17850 Caloosa Road</b>	6. Telephone <b>(239) 728-2330</b>
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7. City <b>ALVA</b>	8. County <b>Lee</b>	9. State <b>FL</b>	10. Zip Code <b>33920</b>
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I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank <b>COLONIAL BANK</b>	12. Street Address <b>2511 Lee Blvd.</b>
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13. City <b>Lehigh Acres</b>	14. County <b>LEE</b>	15. State <b>FL</b>	16. Zip Code <b>33971</b>
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17. Signature of Candidate <b>X</b> <u><i>Damon Sheloe</i></u>	Date <b>3/6/2008</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, **KATHRYN M MCKENNEY**, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of **DAMON SHELOE**

who is seeking nomination or election as a **N/A** candidate to the office of  
(Party)

**EAST COUNTY WATER CONTROL** As a duly registered voter in **LEE**  
DISTRICT ST.#1

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.**

**3/6/08**  
Date

**X** *Kathryn M McKenney*  
Signature of Campaign Treasurer or Deputy Treasurer

\*08MAR06PM0312 SDE Lee Co Fl

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	
CHECK APPROPRIATE BOX:					
<input type="checkbox"/> Original Appointment		<input checked="" type="checkbox"/> Deputy Treasurer		<input type="checkbox"/> Reappointment of Treasurer	
<input type="checkbox"/> Campaign Treasurer		<input type="checkbox"/> Secondary Depository			
Name of Candidate <i>Damon Shelor</i>			1. Address (include post office box or street, city, state, zip code) <i>211 Jackson Ave</i>		
Telephone (optional) <i>239-369-4712</i>	2. Party (Partisan candidates only) <i>NON</i>		3. Office (add district, circuit, group number) <i>East Co. Water Ctr (S-1)</i>		
I have appointed the following person to act as my				<input type="checkbox"/> Campaign Treasurer	
				<input checked="" type="checkbox"/> Deputy Treasurer	
4. Name of Treasurer or Deputy Treasurer <i>Damon Shelor</i>					
5. Mailing Address (If post office box or drawer add street address) <i>211 Jackson Ave</i>				6. Telephone <i>239-369-4712</i>	
7. City <i>Lehigh Acres</i>		8. County <i>Lee</i>		9. State <i>FL</i>	10. Zip Code <i>33936</i>
I have designated the following named bank as my				<input checked="" type="checkbox"/> Primary Depository	
				<input type="checkbox"/> Secondary Depository	
11. Name of Bank <i>Colonial Bank</i>			12. Street Address <i>2511 Lee Blvd.</i>		
13. City <i>Lehigh Acres</i>		14. County <i>Lee</i>		15. State <i>FL</i>	16. Zip Code <i>33971</i>
17. Signature of Candidate <i>X Damon Shelor</i>				Date <i>3/6/08</i>	
<b>Campaign Treasurer's Acceptance of Appointment</b>					
I, <u><i>Damon Shelor</i></u> , do hereby accept the appointment as					
(Please Print or Type)					
<input type="checkbox"/> Campaign Treasurer		<input checked="" type="checkbox"/> Deputy Treasurer		for the campaign of <u><i>Damon Shelor</i></u>	
who is seeking nomination or election as a <u><i>NON</i></u> candidate to the office of					
(Party)					
<u><i>East Co Water Ctr (S-1)</i></u> . As a duly registered voter in <u><i>Lee</i></u>					
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.					
<u><i>3/6/08</i></u> Date		<i>X Damon Shelor</i> Signature of Campaign Treasurer or Deputy Treasurer			

\*08MAR06PM0312 SDE Lee Co Fl

SCANNED

OFFICE USE ONLY

**STATEMENT OF CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, DAMON Shelor,

candidate for the office of Board of Supervisors, SEAT #1;  
East County Water Control District

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

Florida Statutes.

X Damon Shelor  
Signature of Candidate

3/6/2008  
Date

\*08MAR06PM0312 SDE Lee Co F1

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

# LOYALTY OATH FOR NON-PARTISAN OFFICE

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

111495120

STATE OF FLORIDA

Lee COUNTY

SHELOR, DAMON  
211 JACKSON AVE  
LEHIGH ACRES FL 33936

I, <u>DAMON</u>	<u>SHELOR</u>
First Name	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, DAMON SHELOR  
(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 EAST COUNTY WATER CONTROL DIST - SEAT 1  
(office) (district) (group)

My legal residence is LEE County, Florida. I am qualified

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

<input checked="" type="checkbox"/> <u>Damon Shelor</u>	<u>239 222-4621</u>	
Signature of Candidate	Daytime Telephone Number	Email Address

<u>211 JACKSON AVE</u>	<u>LEHIGH ACRES</u>	<u>FL</u>	<u>33936</u>
Address	City	State	ZIP Code

Sworn to (or affirmed) and subscribed before me this 16th day of June, 20008.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

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



# SCANNED

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Shelor DAMON PAGE

MAILING ADDRESS :

211 JACKSON AVE

Lehigh Acres, FL 33936 LEE

CITY: ZIP: COUNTY:

East County Water Control District

NAME OF AGENCY :

Board of Supervisors, SEAT #1

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Card

ID No.

Conf.

P. Req.

ORIGINAL

08JUN16PM1226 SDE Lee Co Fl

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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

DISCLOSURE PERIOD:

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

DECEMBER 31, 2007 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Pro Source ONE	800 E. MAIN ST. Immokalee FL 34142	Sales + Distribution: Agricultural Prod.
SELF - DAMON Shelor	211 JACKSON AVE. Lehigh Acres 33936	Consulting + Sales.
Rental Income	1119 FIFTH AVE. Lehigh Acres 33972	Rental: S.F. Home.

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]

Lot: 1121 FIFTH AVE. Lehigh Acres FL 33972
S.F. Home: 1119 FIFTH AVE. Lehigh Acres FL 33972

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.

SCANNED

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Bank of America
IRA	Bank of America
Cash: Checking	Bank of America
R.F. Micro Devices	Stock, TD Ameritrade
401K PLAN	Aguilano
Cash: SAVINGS	Bank of America

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	P.O. Box 21848 Greensboro NC 27420
Bank of America	SAME AS ABOVE

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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): *Damon Sular* DATE SIGNED (required): *6/15/2008*

**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.

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

OFFICE USE ONLY 60

**FINAL  
REPORT**

(1) DAMON SHELOR  
Name

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- Candidate (office sought): EAST COUNTY WATER CONTROL-1
- 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 10/31/2008 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 \$ 2,005.87

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,005.87

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date  
\$ 5,039.31

(10) TOTAL Monetary Expenditures To Date  
\$ 5,289.31

**(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) Damon Shelor  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Damon Shelor  
Signature

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

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

X Damon Shelor  
Signature

\*08DEC02AM0918 SHEL ee Co F1



# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAMON SHELOR (2) I.D. Number 60

(3) Cover Period 10/31/2008 through 2/2/2009 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

\*08DEC02PM0918SHEL Lee Co F1

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAMON SHELOR (2) I.D. Number 60  
 10/31/2008 through 2/2/2009  
 (3) Cover Period           /          /           through           /          /           (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/20/2008 //	Shelor, Damon P 211 Jackson Ave Lehigh Acres, FL 33936	repayment of loan.	MO		\$2,005.87
1					
//					
//					
//					
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//					
//					
//					
//					

\*08DEC02PM0918 SHEL Lee Co FI

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

80CT3#PM011490E Lee Co FI

(1) DAMON SHELOR

**Name**

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY** 60

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

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-1

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 \$ 50.00

Loans \$ 0.00

Total Monetary \$ 50.00

In-Kind \$ 120.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 581.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 581.00

(8) Other Distributions \$ 0.00

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

\$ 5,039.31

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

\$ 3,283.44

**(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) Damon Shelor

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Damon Shelor

Signature

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

(Type name) Damon Shelor

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

Damon Shelor

Signature

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

(1) Name DAMON SHELOR (2) I.D. Number 60

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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
10/13/2008 / /	Colbert, Mark 2782 Frontier Circle La Belle, FL 33935	I		CH			\$50.00
1							
10/30/2008 / /	Turbeville, Bo 516 Lake Ave Lehigh Acres, FL 33972	I	sales/ser vice	IK	printing services		\$120.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name DAMON SHELOR

(2) I.D. Number 60

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/13/2008 //	Despot, Gordon Po Box 60425 Fort Myers, FL 33906	campaign mailer services	MO		\$581.00
1					
//					
//					
//					
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//					
//					
//					

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

OFFICE USE ONLY 60

**AMENDED  
REPORT**

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

(1) DAMON SHELOR  
Name

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/27/2008 To 10/10/2008 Report Type G3

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 \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 4,989.31

(10) TOTAL Monetary Expenditures To Date

\$ 2,702.44

**(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) Damon Shelor  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Damon Shelor  
Signature

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

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

X Damon Shelor  
Signature

\*08DCT16PM1017 SDE Lee Co Fl

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAMON SHELOR (2) I.D. Number 60

(3) Cover Period 9/27/2008 through 10/10/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10/9/2008 / /	Thompson, Kenneth KB 1150 Lee Blvd. Lehigh Acres, FL 33936			CH		Add	\$50.00
1							
/ /							
/ /							
/ /							
/ /							
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/ /							
/ /							
/ /							
/ /							

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

(1) Name DAMON SHELOR

(2) I.D. Number 60

(3) Cover Period 9/27/2008 through 10/10/2008

(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**

**OFFICE USE ONLY**      60

(1) DAMON SHELOR  
Name

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/27/2008 To 10/10/2008 Report Type G3

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$      1,005.00

Loans                      \$      0.00

Total Monetary      \$      1,005.00

In-Kind                      \$      0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$      924.00

Transfers to Office Account      \$      0.00

Total Monetary      \$      924.00

(8) Other Distributions      \$      0.00

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

\$      4,939.31

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

\$      2,702.44

**(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) Damon Shelor

(Type name) Damon Shelor

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

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

**X** Damon Shelor

**X** Damon Shelor

Signature

Signature

\*08DCT16M1017 SDE Lee Co FI

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAMON SHELOR (2) I.D. Number 60  
 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 Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/1/2008 / /	Baker, Willard 609 North Ave Lehigh Acres, FL 33972	I		CH			\$25.00
1							
10/1/2008 / /	Bundshu, Chris 6700-1 Daniels Parkway Fort Myers, FL 33912	I	contractor	CH			\$500.00
2							
10/2/2008 / /	Mann, Frank 17281 Brenfield Lane Alva, FL 33920	I	consultant	CH			\$250.00
3							
10/5/2008 / /	Frantz, Galen & Carol 1415 Greenwood Avenue Lehigh Acres, FL 33972	I		CH			\$50.00
4							
10/5/2008 / /	McGowan, Robert 2405 Del Ray Place Lehigh Acres, FL 33936	I		CH			\$50.00
5							
10/5/2008 / /	Whalen, Joseph 1402 E 4th Street Lehigh Acres, FL 33972	I		CH			\$30.00
6							
10/5/2008 / /	Berry, Christine 706 SW 51st Terrace Cape Coral, FL 33914	I		CH			\$50.00
7							
10/5/2008 / /	Szymanski, George 2145 Oxford Ridge Circle Lehigh Acres, FL 33973	I		CH			\$50.00
8							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAMON SHELOR (2) I.D. Number 60  
 (3) Cover Period 9/27/2008 through 10/10/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/27/2008 //	Despot, Gordon Po Box 60425 Fort Myers, FL 33906	consulting	MO		\$500.00
1					
10/8/2008 //	Artype, Inc., 3530 Work Drive Fort Myers, FL 33916	printing materials	MO		\$424.00
2					
//					
//					
//					
//					
//					
//					

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

**OFFICE USE ONLY** 60

(1) DAMON SHELOR  
**Name**

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936  
**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

- Candidate (office sought):** EAST COUNTY WATER CONTROL-1
- 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 9/13/2008 To 9/26/2008 Report Type G2

**Original**  **Amendment**  **Special Election Report**  **Independent Expenditure Report**

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>600.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>600.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>92.91</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>92.91</u>

**(8) Other Distributions**

\$ 0.00

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

\$ 3,934.31

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

\$ 1,778.44

**(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) Damon Shelor

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Damon Shelor  
Signature

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

(Type name) Damon Shelor

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

**X** Damon Shelor  
Signature

\*ELECT03PM024890E Lee Co fl

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

(1) Name DAMON SHELOR (2) I.D. Number 60

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) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
9/13/2008 / / 1	Realty Inc, American Heritage P. O. Box 111 Lehigh Acres, FL 33970	B		CH			\$100.00
9/26/2008 / / 2	Painting, Porizo's 1315 Homestead Road Lehigh Acres, FL 33936	B	painting	CH			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name DAMON SHELOR  
 9/13/2008 through 9/26/2008

(2) I.D. Number 60  
 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/15/2008 //	Council of LA, Community P. O. BOX 725 Lehigh Acres, F 33970	rally expense	MO		\$50.00
1					
9/17/2008 //	Depot, Home 3402 Omni Blvd Fort Myers, FL 33916	sign expense	MO		\$42.91
2					
//					
//					
//					
//					
//					
//					
//					

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

**OFFICE USE ONLY** 60

(1) DAMON SHELOR  
**Name**

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936  
**Address (number and street)**

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/22/2008 To 9/12/2008 / \_\_\_\_\_ Report Type G1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 125.00

Loans \$ 0.00

Total Monetary \$ 125.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,527.35

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,527.35

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,334.31

(10) TOTAL Monetary Expenditures To Date

\$ 1,685.53

**(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) Damon Shelor  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Signature Damon Shelor

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

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

Signature Damon Shelor

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

(1) Name DAMON SHELOR (2) I.D. Number 60  
 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
8/22/2008 / /	Diersong, Joe 1520 Pinecrest Road Fort Myers, FL 33919	I		CH			\$25.00
1							
9/3/2008 / /	Shelor, Marshall PO Box 3883 Louisville, KY 40201	I		CH			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



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

(1) Name DAMON SHELOR

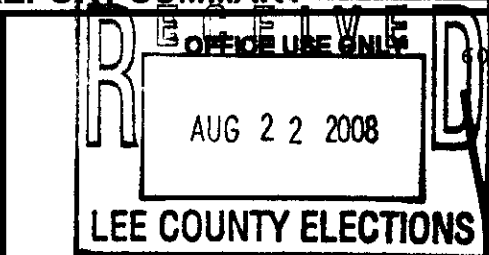
(2) I.D. Number 60

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

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8/27/2008 / /	Elections, Supervisor of PO Drawer 2545 Fort Myers, FL 33902	data disk	MO		\$8.00
1					
8/28/2008 / /	Artype, Inc., 3530 Work Drive Fort Myers, Fl 33916	signs	MO		\$580.35
2					
9/5/2008 / /	LCBOCC, 1825 Hendry Street Fort Myers, Fl 33902	sign bond	MO		\$250.00
3					
9/12/2008 / /	Artype, Inc., 3530 Work Drive Fort Myers, Fl 33916	signs	MO		\$689.00
4					
/ /					
/ /					
/ /					
/ /					

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



(1) DAMON SHELOR  
Name

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

- Candidate (office sought): EAST COUNTY WATER CONTROL-1
- 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 8/2/2008 To 8/21/2008 / \_\_\_\_\_ Report Type F3

Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 150.00

Loans \$ 0.00

Total Monetary \$ 150.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 158.18

Transfers to Office Account \$ 0.00

Total Monetary \$ 158.18

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,209.31

(10) TOTAL Monetary Expenditures To Date

\$ 158.18

(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) Damon Shelor

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Damon Shelor  
Signature

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

(Type name) Damon Shelor

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

Damon Shelor  
Signature

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

(1) Name DAMON SHELOR (2) I.D. Number 60  
 8/2/2008 through 8/21/2008  
 (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
8/6/2008 / /	Wesner, Michael 2129 Berkley Way Lehigh Acres, FL 33971	I		CH			\$50.00
1							
8/21/2008 / /	King, Glen 1112 Wellington Avenue Lehigh Acres, FL 33972	I		CH			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAMON SHELOR

(2) I.D. Number 60

(3) Cover Period 8/2/2008 through 8/21/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8/9/2008 //	Sam's, 5170 Cleveland Avenue Fort Myers, FL 33907	office supplies	MO		\$158.18
1					
//					
//					
//					
//					
//					
//					
//					
//					

# WAIVER OF REPORT

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

(PLEASE TYPE)

DAMON SHELOR  
211 JACKSON AVE  
LEHIGH ACRES, FL 33936

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

60

EAST COUNTY WATER CONTROL-1

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

## TYPE OF REPORT (Check Appropriate Box)

### QUARTERLY REPORTS

January

April

July

October

### PRIMARY ELECTION

32nd day prior

18th day prior

4th day prior

### GENERAL ELECTION

46th day prior

32nd day prior

18th day prior

4th day prior

TERMINATION REPORT

SPECIAL ELECTION

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

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

X

*Damon Shelor*

Signature

8/7/08

Date

### SIGNATURES REQUIRED FOR:

#### Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

#### Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

#### Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

08/11/07 PM 02:45 SIE Lee Co FI

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

(1) DAMON SHELOR

**Name**

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 4/1/2008 To 7/18/2008 / Report Type F1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 910.00

Loans \$ 2,049.31

Total Monetary \$ 2,959.31

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**

\$ 3,059.31

**(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) Damon Shelor

(Type name) DAMON SHELOR

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

Damon Shelor

Damon Shelor

Signature

Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAMON SHELOR (2) I.D. Number 60

(3) Cover Period 4/1/2008 /    /    through 7/18/2008 /    /    (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
5/20/2008 / /	Shelor, Damon 211 Jackson Avenue Lehigh Acres, FL 33936	I	candidate	LO			\$2,049.31
1							
6/16/2008 / /	L.A. Enterprises of SW Fla Inc, PO Box 462 Lehigh Acres, FL 33970	B		CH			\$100.00
2							
7/2/2008 / /	Emmy's Place Inc., 205 E Joel Blvd. Suite 100 Lehigh Acres, FL 33936	B		CH			\$100.00
3							
7/2/2008 / /	Gulf Coast Home Helpers & Comp, 205 E Joel Blvd. Suite 112 Lehigh Acres, FL 33936	B	home health care	CH			\$200.00
4							
7/2/2008 / /	Chancellor, Linda 2136 Oxford Ridge Circle L, FL 33973	I		CA			\$50.00
5							
7/3/2008 / /	Armstrong, Michael 4165 Sw 67th Avenue Apt 112 Davie, FL 33314	I		CH			\$30.00
6							
7/12/2008 / /	Larson, Christine PO Box 51033 Fort Myers, FL 33994	I		CH			\$50.00
7							
7/10/2008 / /	Kaplan, Jeffery 244 Laurent Ct Lehigh Acres, FL 33936	I		CH			\$50.00
8							

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

(1) Name DAMON SHELOR (2) I.D. Number \_\_\_\_\_

4/1/2008 through 7/18/2008

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

(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
7/10/2008 / /	Country Roads Cafe, 205 E Joel Blvd. Suite 400 Lehigh Acres, FL 33936	B		CH			\$50.00
9							
7/10/2008 / /	Lance Reinoehl Fencing Inc., 606 Sheldon Avenue Lehigh Acres, FL 33972-4240	B		CH			\$100.00
10							
7/12/2008 / /	Abell, Mary 10 Beth Stacy Blvd Lehigh Acres, FL 33936	I		CH			\$50.00
11							
7/12/2008 / /	St. Cyr, Arthur 1719 Englewood Avenue Lehigh Acres, FL 33972	I		CH			\$20.00
12							
7/14/2008 / /	D'Angelo, Dolores 206 Tree Swallow Court Lehigh Acres, FL 33936	I		CH			\$50.00
13							
7/17/2008 / /	Borihane, Amy 1809 Cornell Avenue N Lehigh Acres, FL 33971-6598	I		CH			\$40.00
14							
7/17/2008 / /	Myers, Mark 537 Durion Drive Lehigh Acres, FL 33974	I		CA			\$20.00
15							
/ /							



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

(1) Name DAMON SHELOR

(2) I.D. Number 60

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

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 60

**QUARTERLY  
REPORT**

(1) DAMON SHELOR

**Name**

(2) 211 JACKSON AVE, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 10

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-1

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/1/2008 To 3/31/2008 Report Type Q1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 100.00

Total Monetary \$ 100.00

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

\$ 100.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

**(11) CERTIFICATION**

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

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

(Type name) Damon Shelor  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Damon Shelor  
Signature

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

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

**X** Damon Shelor  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAMON SHELOR (2) I.D. Number 60

1/1/2008 through 3/31/2008

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
3/25/2008 / /	Shelor, Damon 211 Jackson Avenue Lehigh Acres, FL 33936	I		LO			\$100.00
1							
/ /							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name DAMON SHELOR

(2) I.D. Number 60

(3) Cover Period 1/1/2008 through 3/31/2008

(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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