

ada

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

*08JUN20080949 SOE Lee Co F1

| | | | |
|--------------------------------------|---|----|--|
| Candidate Name | PAT A. SMITH | | |
| Residence Address | 50 FAIRVIEW BLVD. | | |
| City and Zip Code | FT. MYERS BEACH 33931 | | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. | | |
| Telephone Number(s) (Daytime) | 239-463-2725 | OR | |
| Email Address | PASMITHHSD@EMBARQMAIL.COM | | |
| Office Sought | FIRE DISTRICT COMMISSIONER | | |
| Area, District, Group Or Seat Number | 4 FORT MYERS BEACH | | |
| Political Party (if Applicable) | NA | | |
| Date Of Birth Or Voter ID # | 12-19-40 | | |
| Date | 6-19-08 | | |
| Candidate Signature | X <i>Pat A. Smith</i> | | |

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

SCANNED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

PAT SMITH

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

50 FAIRVIEW BLVD.
FT. MYERS BEACH, FL 33931

Telephone (optional)

(239) 463-2725

2. Party (Partisan candidates only)

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

FORT MYERS BEACH FIRE-4

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

PAT A. SMITH

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

50 FAIRVIEW BLVD.

6. Telephone

239-463-2725

7. City

FT. MYERS BEACH

8. County

LEE

9. State

FL

10. Zip Code

33931

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

WACHOVIA BANK

12. Street Address

2815 ESTERO BLVD.

13. City

FT. MYERS BEACH

14. County

LEE

15. State

FL

16. Zip Code

33931

17. Signature of Candidate

X *Pat Smith*

Date

9-6-08

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of PAT SMITH

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

FORT MYERS BEACH FIRE-4 As a duly registered voter in LEE

County, Florida, I am qualified to accept this appointment.

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

9-6-08
Date

X *Pat A. Smith*
Signature of Campaign Treasurer or Deputy Treasurer

**Pat A. Smith
50 Fairview Boulevard
Fort Myers Beach, FL 33931**

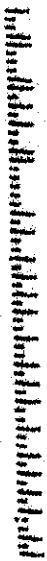
FT MYERS FL 339

12 SEP 2008 PM 6 L



**Sharon L. Harrington
Supervisor of Elections
P. O. Box 2545
Fort Myers, FL 33902-2545**

33902545



SCANNED

08JUN20PM0949 SDE Lee Co FI

STATEMENT OF CANDIDATE

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

OFFICE USE ONLY

I, PAT A. SMITH,
candidate for the office of FIRE DISTRICT COMMISSIONER;
F.M. Beach #4
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Pat A Smith
Signature of Candidate

6-19-08
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

08 JUN 2008 09:49 AM LEE Co FL

State of Florida
County of Lee

I, PAT A. SMITH, am a candidate for the Special District
(print name)

office of: FIRE DISTRICT COMMISSIONER, FORT MYERS BEACH, 4
(district name and district #, seat #, or area #)

in the NOVEMBER 4, 08 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 
Signature of Candidate

6-19-08
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

SCANNED

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

OFFICE USE ONLY

08JUN20080949 SDE
ee Co F1

STATE OF FLORIDA

LEE COUNTY

I,

| | | |
|--------------------------|---------------------------------|---------------------------|
| <u>PAT</u> First Name | <u>A</u> Middle Name/Initial | <u>SMITH</u> 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, PAT A. SMITH
(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 DISTRICT COMMISSIONER FORT MYERS BEACH 4
(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.

X Pat A Smith Ms 891 463-2725 PASMITHHSD
Signature of Candidate Daytime Telephone Number Email Address
50 FAIRVIEW BLVD., FT. MYERS BEACH FL 33931
Address City State ZIP Code

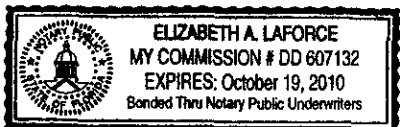
Sworn to (or affirmed) and subscribed before me this 19 day of JUNE, 2008.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Elizabeth A. LaForce
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 :

SMITH, PAT A

MAILING ADDRESS :

50 FAIRVIEW BLVD.

FT. MYERS BEACH, FL 33931 LEE
CITY: ZIP: COUNTY:

NAME OF AGENCY :

ST. 4, FORT MYERS BEACH FIRE DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

SEAT 4, FIRE DISTRICT COMMISSIONER

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

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

08JUNED08M0949 SDE Lee Co FL

PDF 2007

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

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

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 |
|------------------------------|--|---|
| O.P.M. RETIREMENT SERV. PROG | P.O. Box 45, BOWERS, PA 16017 | FED. GOV'T. (PENSION) |
| AT&T MGT. PENSION PLAN | GTIBANK N.A. TTEE, SORT 4823, NY NY 10043 | COMMUNICATION (SUN. PENSION) |
| AMERIPRISE FINANCIAL | 10 AMERIPRISE FIN. CTR., MINNEAPOLIS, MN 55474 | INVESTMENT & FINANCIAL |
| (CON'T. ON ATTACHMENT) | | |

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 |
|-------------------------|---|-------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |

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

| |
|--|
| 50 FAIRVIEW BLVD., FT. MYERS BEACH, FL - RESIDENCE |
| #502, 2885 PALM BEACH BLVD., FT. MYERS, FL - RENTAL CONDO |
| VACATION VILLAGE AT PARKWAY, PARKWAY BLVD., KISSIMMEE, FL - TIME SHARE |

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.

Attachment to Form 1, Statement of Financial Interests, 2007

Pat A. Smith

Part A - Primary Sources of Income (con't.)

| Name of Source of Income | Source's Address | Description of the Source's Principal Business Activity |
|-------------------------------------|---|--|
| Malt Realty & Development | 6237 Presidential Ct., Ste. D, Ft. Myers, FL 33919 | Real Estate (rentals) |
| AT&T Inc. | P. O. Box 43078 Providence, RI 02940 | Communications |

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| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] | |
|--|---|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| BROKERAGE ACCOUNT, IRA | AMERIPRISE FINANCIAL |
| RIVERSOURCE RETIREMENT ACCOUNT | RIVERSOURCE LIFE INSURANCE CO. |
| AT&T INC COMM. SHRS. | AT&T, INC. - COMMUNICATIONS |
| VARIABLE UNIVERSAL LIFE POLICY | NATIONWIDE LIFE INS. CO. |

| PART E — LIABILITIES [Major debts] | |
|------------------------------------|-------------------------------------|
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| INDY MAC BANK | P.O. Box 78826, PHOENIX, AR 85062 |
| WASHINGTON MUTUAL BANK | P.O. Box 100576, FLORENCE, SC 29501 |

| 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): *Pat A Smith* DATE SIGNED (required): *6-20-08*

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**

(1) PAT A SMITH
Name

(2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH 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

(3) ID Number: _____

FINAL REPORT

OFFICE USE ONLY 107

(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 \$ 101.32

Transfers to Office Account \$ 0.00

Total Monetary \$ 101.32

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 850.00

(10) TOTAL Monetary Expenditures To Date

\$ 850.00

(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)

(Type name) PAT A. SMITH

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PAT A SMITH (2) I.D. Number 107

(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 | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name PAT A SMITH

(2) I.D. Number 107

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 | | | | | |
| 1/30/2009 / / | Smith, Pat A. 50 Fairview Blvd. Pt. Myers Beach, FL 33931 | partial return of loan-close account | DI | | \$101.32 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

**AMENDED
REPORT**

(1) PAT A SMITH
Name

(2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): FORT MYERS BEACH FIRE-4
- 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 | \$ | <u>50.00</u> |
| Loans | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>50.00</u> |
| In-Kind | \$ | <u>0.00</u> |

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 850.00

(10) TOTAL Monetary Expenditures To Date
\$ 748.68

(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) PAT A. SMITH

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

X
Signature

X *Pat A. Smith*
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name PAT A SMITH (2) I.D. Number 107

(3) Cover Period 10/11/2008 through 10/30/2008
 / / 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 | | | | |
| 10/13/2008 / / | Smith, Cheryl Lee 180 Egret Street Ft. Myers Beach, FL 33931 | I | retired | CA | | Add | \$50.00 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name PAT A SMITH

(2) I.D. Number 107

(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 |
|-------------|--|--|----------------------------|-------------------|----------------|
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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



FT MYERS FL 339

30 JAN 2009 PM 4 L



Ms. Patricia Smith
50 Fairview Blvd.
Ft. Myers Ech, FL 33931

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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



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

(1) PAT A SMITH
Name
 (2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 107

f. Enes

pm 10/31/2008

(3) ID Number: _____

*ORNDORF 03M0936 SELE Lee Co Fl

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

| | |
|---|---|
| <input checked="" type="checkbox"/> Candidate (office sought): <u>FORT MYERS BEACH FIRE-4</u> | <input type="checkbox"/> CHECK IF PC HAS DISBANDED |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Party Executive Committee | |
| <input type="checkbox"/> 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 \$ 100.00

Loans \$ 0.00

Total Monetary \$ 100.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 128.24

Transfers to Office Account \$ 0.00

Total Monetary \$ 128.24

(8) Other Distributions

 \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 800.00

(10) TOTAL Monetary Expenditures To Date

\$ 748.68

(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) PAT A. SMITH

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X *Pat A Smith*

Signature

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

(Type name) PAT A. SMITH

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

X *Pat A Smith*

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name PAT A SMITH (2) I.D. Number 107

(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) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|-------------------|--|---|---------|-----------------------------|--------------------------------|-------------------|----------------|
| 10/18/2008 / / | Drebes, Larry & Nancy 5850 Estero Boulevard Port Myers Beach, FL 33931 | I | retired | CH | | | \$100.00 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name PAT A SMITH

(2) I.D. Number 107

(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 |
|-------------------|--|--|----------------------------|-------------------|----------------|
| 10/20/2008 / / | FedEx Kinko's, 11751 S. Cleveland Ave., Ste. 14 Fort Myers, FL 33907-2870 | printing flyers | MO | | \$128.24 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) PAT A SMITH
Name

(2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 107

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-4

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 9/27/2008 To 10/10/2008 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00

Loans \$ 0.00

Total Monetary \$ 100.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 551.56

Transfers to Office Account \$ 0.00

Total Monetary \$ 551.56

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 700.00

(10) TOTAL Monetary Expenditures To Date
\$ 620.44

(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) PAT A. SMITH

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) PAT A. SMITH

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name PAT A SMITH (2) I.D. Number 107

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 | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
| 10/1/2008 / / | Pink, Nelson D 23 Fairview Boulevard Fort Myers Beach, FL 33931 | I | retired | CH | | | \$50.00 |
| 1 | | | | | | | |
| 10/9/2008 / / | Loffreno, Pascual 8002 Estero Boulevard Fort Myers Beach, FL 33931 | I | retired | CH | | | \$50.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name PAT A SMITH

(2) I.D. Number 107

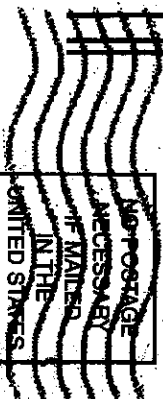
(3) Cover Period 9/27/2008 through 10/10/2008

(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 | | | | | |
| 9/30/2008 / / | Artype, Inc., 3530 Work Drive Fort Myers, FL 33916-7533 | yard signs | MO | | \$265.00 |
| 1 | | | | | |
| 10/3/2008 / / | Fort Myers Beach Observer, 19260 San Carlos Boulevard Fort Myers Beach, FL 33931 | advertisi ng | MO | | \$142.56 |
| 2 | | | | | |
| 10/5/2008 / / | FedEx Kinko's, 11751 S. Cleveland Ave., Ste. 14 Fort Myers, FL 33907-2870 | flyers | MO | | \$124.00 |
| 3 | | | | | |
| 10/9/2008 / / | The Munch Box, 6101 Estero Boulevard Fort Myers Beach, FL 33931 | coffee | MO | | \$20.00 |
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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



08DCT20PM12385DE Lee Co FL

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

(1) PAT A SMITH
Name

(2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH 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 \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 58.30

(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

\$ 600.00

(10) TOTAL Monetary Expenditures To Date

\$ 68.88

(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)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X

Signature

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

(Type name)

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

X

Signature

78031058H0356 SHEL #8061

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name PAT A SMITH (2) I.D. Number 107

(3) Cover Period 9/13/2008 through 9/26/2008 (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 | | | |
| 9/22/2008 / / 1 | Morris, Carol 11580 Isle of Palms Drive Fort Myers Beach, FL 33931 | I | retired | IK | contribut sign for or's vehicle | | \$58.30 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name PAT A SMITH

(2) I.D. Number 107

(3) Cover Period 9/13/2008 through 9/26/2008

(4) Page 1 of 0

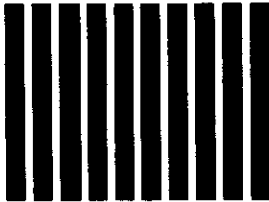
| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|-------------|--|--|----------------------------|-------------------|----------------|
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Pat A. Smith
50 Fairview Blvd
Fort Myers Beach, FL 33931



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NO POSTAGE
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IF MAILED
IN THE
UNITED STATES



080CT06PM0356 9DE Lee Co FL

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

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

OFFICE USE ONLY 107

(1) PAT A SMITH
Name

(2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number:

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH 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 \$ 100.00

Loans \$ 500.00

Total Monetary \$ 600.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 68.88

Transfers to Office Account \$ 0.00

Total Monetary \$ 68.88

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date \$ 600.00

(10) TOTAL Monetary Expenditures To Date \$ 68.88

(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) PAT A. SMITH
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) PAT A. SMITH
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature] Signature

X [Signature] Signature

08SEP24PM0949SDE Lee Co Fl

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name PAT A SMITH (2) I.D. Number 107

(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) Contributor | | (9) Contribution | (10) In-kind | (11) Amendment | (12) Amount |
|-----------------|--|--------------------|------------|---------------------|-----------------|-------------------|----------------|
| | | Type | Occupation | Type | Description | | |
| 9/8/2008 / / | Smith, Pat A 50 Fairview Blvd. Ft. Myers Beach, FL 33931 | I | retired | LO | | | \$500.00 |
| 1 | | | | | | | |
| 9/8/2008 / / | Landry, Carol Ann 4265 Bay Beach Lane Unit 603 Ft. Myers Beach, FL 33931 | I | retired | CH | | | \$100.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

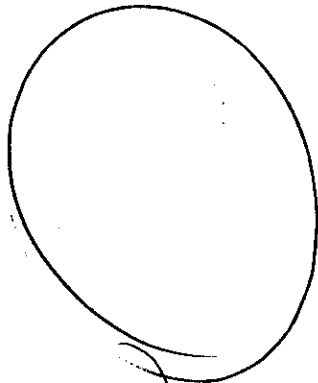
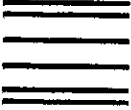
(1) Name PAT A SMITH

(2) I.D. Number 107

(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 | | | | | |
| 9/10/2008 / / | FedEx Kinko's, 11751 S. Cleveland Ave., Ste. 14 Fort Myers, FL 33907 | print flyers | MO | | \$68.88 |
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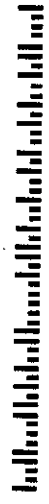


BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

**SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888**

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WAIVER OF REPORT

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

(PLEASE TYPE)

PAT A SMITH
50 FAIRVIEW BLVD
FORT MYERS BEACH, FL 33931

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

107

FORT MYERS BEACH 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

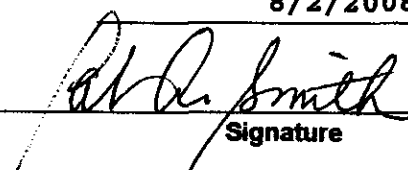
- 46th day prior
 32nd day prior
 18th day prior
 4th day prior

- 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


Signature

8/22/08
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.)

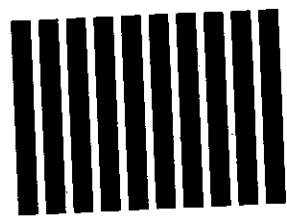
In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

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NO POSTAGE
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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



WAIVER OF REPORT

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

(PLEASE TYPE)

PAT A SMITH
50 FAIRVIEW BLVD
FORT MYERS BEACH, FL 33931

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

107

FORT MYERS BEACH FIRE-4

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

January

April

July

October

PRIMARY ELECTION

32nd day prior

18th day prior

4th day prior

GENERAL ELECTION

46th day prior

32nd day prior

18th day prior

4th day prior

TERMINATION REPORT

SPECIAL ELECTION

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

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

X

Pat A Smith

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.

08AUG11PM1128 SDE Lee Co FI

Pat A. Smith
50 Fairview Boulevard
Fort Myers Beach, FL 33931

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FT MYERS FL 339

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Sharon L. Harrington
Supervisor of Elections, Lee County
P. O. Box 2545
Fort Myers, FL 33902-2545

33354
Asst: Bernie R. Fallano, Qualifying Officer

WAIVER OF REPORT

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

(PLEASE TYPE)

PAT A SMITH
50 FAIRVIEW BLVD
FORT MYERS BEACH, FL 33931

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

107

FORT MYERS BEACH 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

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

X

Pat A Smith
Signature

7-25-08
Date

SIGNATURES REQUIRED FOR:

Candidates

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

Political Committees

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

Committees of Continuous Existence

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

Party Executive Committees

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

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

08JUL29PM1151 SOE Lee Co F1

**Pat A. Smith
50 Fairview Boulevard
Fort Myers Beach, FL 33931**



FT MYERS FL 339
25 JUL 2008 PM 1 T

**Sharon L. Harrington
Supervisor of Elections, Lee County
P. O. Box 2545
Fort Myers, FL 33902-2545**

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