aaar

SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

| Candidate Name | PAT A. SMITH |
|---|-----------------------------|
| Residence Address | SO FAIRVIEW BLVD. |
| City and Zip Code | FT. MYERS BEACH 33931 |
| Mailing Address (if different) | 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 /al & Smith |

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 <u>may be</u> 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.



*08SEP15PM0319 SOE Lee Co F1

| STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) | OFFICE | E USE ONLY |
|---|---------------------------------|---|
| (PLEASE TYPE) | | |
| CHECK APPROPRIATE BOX: | | |
| Original Appointment Deputy Treasurer | Reappointment of Treasurer | Secondary Depository |
| | | ox or street, city, state, zip code) |
| PAT SMITH | SO FARVIEW BU G. MYERS BEAG | уй. Ен, FL 33931 |
| Telephone (optional) 2. Party (Partisan candidates only (239) 463-2725 |) 3. Office (add distri | ict, circuit, group number) 28 BEACH FIRE-4 |
| I have appointed the following person to act as my | paign Treasurer Dep | outy Treasurer |
| 4. Name of Treasurer or Deputy Treasurer PAT A. SMITH | | |
| 5. Mailing Address (If post office box or drawer add street address So FAIRNEW BLVD. | 6. 2 | . Telephone LS9-463-2725 |
| 7. City 8. County FT. MYERS BEACH LEE | 9. State | 10. Zip Code ろろ93/ |
| I have designated the following named bank as my | ary Depository Second | dary Depository |
| 11. Name of Bank WACHOVIA BANK | 12. Street Address 28/5 ESTERA | BLVD. |
| 13. City 14. County FT. MYERS BEACH LEE | 15. State | 16. Zip Code 3393/ |
| 17. Signature of Candidate X M M M M M M M M M M M M | | 9-6-08 |
| / Campaign Treasurer's Ac | cceptance of Appointn | nent |
| I, PAT A. SMITH (Please Print or Type) | , do | hereby accept the appointment as |
| Campaign Treasurer Deputy Treasurer for the | campaign of PAT | 5m17H . |
| who is seeking nomination or election as a | | candidate to the office of |
| FORT MYERS BEACH FIRE-Y. As a duly | (Party) registered voter in | EE |
| County, Florida, I am qualified to accept this appointment. | | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I H ACCEPTANCE OF APPOINTMENT AND | | CAMPAIGN TREASURER'S ARE TRUE. |
| 9-6-08 X | Pal Q Sn | with |
| Date | Signature of Campaign Treasu | urer or Deputy Treasurer |

DS-DE 9 (Rev. 02/06)

.0882EbT2bW03S0 20ET ← Co E1

SCANNED

50 Fairview Boulevard Fort Myers Beach, FL 33931

TT MYERS TL 330



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

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) **OFFICE USE ONLY**

| 1, PAT A. SMITH | | | | | |
|--|--|--|--|--|--|
| candidate for the office of <u>FRE DISTRICT COMMISSIONER</u> 7.M. BLACK #4 | | | | | |
| have received, read and understand the requirements of Chapter 106, | | | | | |
| Florida Statutes. | | | | | |
| | | | | | |
| | | | | | |
| x AN a Smith 6-19-08 | | | | | |
| / Signature of Candidate 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).



AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida County of Lee

| I, PAT A. SMITH (print name) | , am a candidate for the Special District |
|---|--|
| office of: FIRE DISTRICT (district no | OMMISSIONER, FORT MYERS BEACH, ame and district #, seat,#, or area#) |
| in the November 4,08 (date of election) | election. I understand that my only campaign |

expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

As long as these are my only campaign expenses, <u>I will not be required to</u>: 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, <u>prior to doing so</u>, I understand that <u>I AM REQUIRED TO FIRST FILE</u> 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

L-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."

History 2007 HB537, FS 99.081, FS Chapter 106.021
Revised-3/6/2008 Lee County Special District Forms

SCANNED

-08JUN200M0949 SDE Lee COF

| LOYALTY OATH FOR NON-PARTISAN OF (Sections 876.05-876.10, Florida St | | OFFICE US | E ONLY | *08JUN20#10949 SDE | |
|---|-------------------------------|--|---|-------------------------------------|-----------|
| STATE OF FLORIDA | | | | | ₹ |
| LEE , COUNTY | | | | | \$ |
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| I, PAT | Α | | Sm | ITH | () 88 |
| First Name | Middle Nam | | | ast Name | |
| a citizen of the State of Florida and of the hereby solemnly swear or affirm that I v Florida. | vill support the Co | nstitution of the | and a candidate United States | and of the State of | f do |
| C | OATH OF C (Section 99.021, | ANDIDA Florida Statutes) | TE | - | |
| I, PAT A. Sm) | <i>TH</i> | OT NAME AND DESCRIPTION OF THE PERSON OF THE | - C- | THE END OF QUALIFYING) | |
| am a candidate for the office of Fixe | | | | | 4 |
| and a candidate for the office of | (office) | 111111-0101 | (district) | (group) | 7- |
| My legal residence is | | h = -65 = 4 =le | | Florida. I am qual | |
| under the Constitution and the Laws o have qualified for no other public office with the office I seek; and I have resign 99.012, Florida Statutes. | e in the state, the | term of which | office or any pa | art thereof runs co | ncurrent |
| × Al a Smith | A Q | 39) 463 | -2725 | PASMITH | HSD |
| / Signature of Candidate | | Daytime Telephor | e Number | Email Address EMBARON | nall, dom |
| SO FAIRVIEW BLYD., F | T. MYERS B | EXCH | FL_ | 3393/ | |
| Address | City | | State | ZIP Code | |
| Sworn to (or affirmed) and subscribe | ed before me this | ; <u>/9</u> day | of <u>JUNC</u> , | 200 <u>8</u> | : |
| Personally Known: or | | | | | |
| Produced Identification: | | SILA | Jarella | 777 CC | Ì |
| Type of Identification Produced: | | | tary Public - State amp Commissioned | of Florida Name of Notary Public | c |
| | _ | MY (| ELIZABETH A. LAFORCE COMMISSION # DD 607 (PIRES: October 19, 201 ad Thru Notary Public Underwr | 1 32 0 | |

| FORM 1 | STATEM | ENT OF | | 20 | 07 | |
|---|--------------------------------------|--|----------|---|------------------------|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL | INTERESTS | | | | |
| LAST NAME - FIRST NAME - MIDDLE NA SMITH, PAT A MAILING ADDRESS: | ME : | FOR OI USE OI | | | U080' | |
| 50 FAIRVIEW BLY | ٥, | | ı ID G | | <u> </u> | |
| FT. MYERS BEACH, FL | 33931 LE | E | | | 10949 | |
| CITY: , z | IP: COUNTY: | | iD N | 0. | 30C | |
| NAME OF AGENCY: ST. 4. FORT MYERS B | | TRICT | Conf | . Code | 08JUNZDM0949SDELeeCoF1 | |
| NAME OF OFFICE OR POSITION HELD O SEAT 4. FIRE DISTRIC | rsought: T COMMISSIONER | | P. Re | eq. Code | <u> </u> | |
| You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR | this form. Attach additional sheets, | • | | 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 INCOM | | ne reporting person] RCE'S | DES | SCRIPTION OF THE SOU | RCE'S | |
| OF INCOME OPM RETIREM'T. SERV. AR | | ouers Pa 16017 | PR | NINCIPAL BUSINESS ACTI D. GOV'T. (Detail | (S/AN) | |
| AT&T MGT. PENSION PLAN | () | | NYNY | 10043 COMMON | STON) | |
| AMERIPRISE FINANCIAL (CONY. ON ATTACHME | 10 AMEHOLISE FIN | CTP, MINNEAPOLIS, | MNS | 474 INVESTING | NT \$ INANCIAL | |
| PART B - SECONDARY SOURCES OF IN | | and other sources of income to ADDRESS OF SOURCE | business | es owned by the reporting PRINCIPAL BUSI ACTIVITY OF SO | NESS | |
| | | | | | | |
| PART C - REAL PROPERTY [Land, building | | | and w | G INSTRUCTIONS here to file this form a the bottom of page 2. | | |
| 50 PAIRVIEW RLVD., FT. MYERS BEACH, FL RESIDENCE #502, 2885 PALM BEACH BLVD., FT. MYERS, FLRENTAL CONDO | | | | RUCTIONS on who r | | |
| THE PROPERTY OF THE PROPERTY OF | , N 85/ | imee, FL SHARE | | ER FORMS you may a described on page 6. | | |

SCANNEL

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.,

Real Estate (rentals)

AT&T Inc.

Ste. D, Ft. Myers, FL 33919 P. O. Box 43078

Providence, RI 02940

Communications



| RIVERSOULCE RETIREMENT ACCULANT RIVERSOULCE LIVE INSURANCE CO. AT 1 TINC. COMMUNICATIONS AT 1 NC. — COMMUNICATIONS ALLIABLE UnivERSAL LIFE POLICY NATIONALIDE LIFE INS. CO. ADDRESS OF CREDITOR BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 4 BUSINESS ENTITY # 5 | PART D — INTANGIBLE PERSONAL PROPERTY (St TYPE OF INTANGIBLE | | WHICH THE PROPERTY RELATES |
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| AT & T INC COMM. SHES. BATE E—LIABILITIES [Major debta] NAME OF CREDITOR ADDRESS OF CREDITOR BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # | | | ANCE CO. |
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| PART F — LIABILITIES [Major debts] NAME OF OREDITOR P. D. Boy 78836, Proprix, AR \$506.2 PART F — INTERESTS IN SPECIFIED BUSINESSES BUSINESSES [Ownership or positions in certain types of businesses] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY | VARIABLE UNIVERSAL LIFE POLICY | | <u>i</u> |
| PART F — LIABILITIES [Major debts] NAME OF OREDITOR P. D. Boy 78836, Proprix, AR \$506.2 PART F — INTERESTS IN SPECIFIED BUSINESSES BUSINESSES [Ownership or positions in certain types of businesses] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY | | | |
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| P.D. Boy. 788-86. Property. AR \$506.2 P.D. Boy. 1005916. Floatence, S.C. 1150/ BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 4 BUSINESS ENT | | I ADDR | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownernhip or positions in certain types of businesses] BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 3 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 BUSINESS ENTITY # 1 BUSINESS ENTITY # 1 BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTITY # 2 BUSINESS ENTIT | NDY MAC BANK | P.O. Box 78826 PADENIX | AR 85062 # |
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| BUSINESS SOFTHY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY COWN MORE THAN A 5% INFEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST 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. WHER TO FILE: If you were mailed the form by the Commission of Ethica or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. WHEN TO FILE: If you were mailed the form by the Commission of Ethica or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must section, you must write "none" or "n/a" in that section, you must write "none" or "n/a" in that section, you must write "none" or "n/a" in that section(s). **State officers or sectified state employees file with the Supervisor of the county where your agency has its headquarters. **State officers or sectified state employees are into trequired to file a section former or former to proviously filed form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. To determine what category your position falls under, see the "Who Must File" instructions on page 3. **Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employees are required to file a final disclosure file at the same time they file their qualifying papers. To determine what category your position falls under, see the "Who Must File" instructions on page 3. **Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employees is required to file a final disclosure file of the county in which they hold their positions. **County Supervisor of the county in which they provide the supervisor of the county in which they provide t | PART F INTERESTS IN SPECIFIED BUSINESSES | Ownership or positions in certain types of busin | esses] |
| BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first sharel (pages 1 and 2) for filing. WHERE TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your smunal disclosure filing, return the form to that location. WHEN TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your smunal disclosure filing, return the form to that location. WHEN TO FILE: Initially, each local officer/employee, state officers, and specified state employees must section, you must write "none" or "n/a" in that section, you must write "none" or "n | | ITITY#1 BUSINESS ENTIT | Y#2 BUSINESS ENTITY#3 |
| BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY OWN MORE THAN A 5% INTEREST IN THE BUSINESS NOTEREST IN THE BUSINESS IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): WHAT TO FILE: After completing all parts of this form, including signing and dealing it, send back only the first sheet (pages 1 and 2) for filing. WHERE TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for ne thics or a County Supervisor of Elections for netwins reaction, you must write "none" or "n/a" in that section, you must write "none" or "n/a" in that section, you must write "none" or "n/a" in that section, you must write "none" or "n/a" in that section, you must write "none" or "n/a" in that section is. Facsimiles will not be accepted. NOTE: MULTIPLE FILING UNNECESSARY: Canerally, a person who has filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. State officers or specified state employees are realedate 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. 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. Finally, at the end of office or employment, each local office/mployee, state officer, and specified state employees is required to file or form the date of their position on page 3. | NAME OF BUSINESS ENTITY | | |
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| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): 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. WHER 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 in Florids, file with the Supervisor of Elections of the county in which they permanently reside in Florids, file with the Supervisor of Elections of the county in which they permanently reside in Florids, file with the Supervisor of the county where your agency has its headquarters.) NOTE: MHER TO FILE: If you were mailed the form by the Commission on Elhics or a County Supervisor of Elections for your annual disclosure filing, return the form to the third tocation. Local officers/employees file with the Supervisor of the county in which they permanently reside in Florids, file with the Supervisor of the county where your agency has its headquarters.) NOTE: MHEN TO FILE: Intitally, 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, Preside in Florids, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquarters.) State officers employees file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees are file with the Supervisor of the county where your agency has its headquarters.) Candidates for publicly-elected local officer must file at the same time they file their qualifying papers. Thereafter, local officers/employees, state officers, and specifi | PRINCIPAL BUSINESS ACTIVITY | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE (required): WHAT TO FILE: After completing all parts of this form, including spinging and dating it, send back only the first sheet (pages 1 and 2) for filing. WHERE TO FILE: If you were mailed the form by the Commission or section, you must write "none" or "rua" in that section(s). WHENE TO FILE: If you were mailed the form by the Commission or proving a particular section, you must write "none" or "rua" 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. To determine what category your position falls under, see the "Who Must File" instructions on page 3. WHEN TO FILE: Intuitive, each local officer/employee, state officer, and specified state employees in that is less than 30 days of the date of his or her appointment or of the beginning of employment, where your agency has its headquarters.) State officers or specified state employees 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 additions: 3500 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. | POSITION HELD WITH ENTITY | | |
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| 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. DATE SIGNED (required): WHEN TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for a county Supervisor of Elections for the county in which they permanently reside in Florida, file with the Supervisor of the county where your agency has its headquartens.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquartens.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquartens.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquartens.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquartens.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquartens.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquartens.) State officers or specified state employees file with the Supervisor of the county where your agency has its headquartens.) Thereafter, local officer/employees, state officers, and specified state employees are required to file by July 1st following each callendar year in which they hold their positions on page 3. Finally, at the end of office or employment, ach county | NATURE OF MY OWNERSHIP INTEREST | | |
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| that location. Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) 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. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. That location. Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of the county 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 at the same time they file their qualifying papers. Therefore, 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 apply a | signing and dating it, send back only the first | on Ethics or a County Supervisor of Elections | for officer, and specified state employee must |
| section, you must write "none" or "n/a" in that section(s). Facsimiles will not be accepted. NOTE: 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. Local officers/employees 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. 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 of le | , , , , , , , , , , , , , , , , , , , | | appointment or of the beginning of employ- |
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| | DE FORM 1 - Eff. 1/2008 | | PAGE 2 |

| | FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|---|---|------------------|--|---------------------------------------|-----------------|-------------------------------------|--|
| (1) | PAT A SMI | TH | | | | OFFICE USE ONLY | 107 |
| | Name | | | | | "I N | d. |
| (2) | 50 FAIRVI | EW BLVD, FO | ORT MYERS BEACH, FL | 33931 | - | $I \times I \wedge$ | 1 # |
| | Address (ı | number and | street) | | | HVI | 累 |
| | | | and the same of th | | Dr | 'n- ' | |
| | City, State | , Zip Code | | | ΠÞ | HOE | } |
| | | IF ADDRESS | HAS CHANGED | (| (3) ID Num | iber: | |
| (4) | | ropriate box | • • | | | - | B |
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| | | xecutive Com | | — | | | |
| | ∐ Election | eering Comm | unication | | | ER ELECTIONEERIN REPORTS WILL BE | |
| | | | (5) REPORT | IDENTIFI | ERS | | |
| Cov | er Period: | From | 10/31/2008 To | 2/2/20 | 09 / | Report Type | TR-4 |
| | original [| Amendme | | n Report | Inde | pendent Expenditu | re Report |
| | | | | T | | <u> </u> | |
| (6) | CONTRIB | JTIONS THIS | REPORT | 1, , | | RES THIS REPOR | T |
| | | • | | Monetar | • | | |
| Cas | h & Checks | \$ | 0.00 | Expendi | ntures \$ | 10 | 1.32 |
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| In-K | ind | \$ | | | | | |
| | | | | (8) | Other Distrib | | 0.00 |
| | | | | | \$ | | 0.00 |
| (9) | TOTAL Mo | netary Conti | ributions To Date | (10) 1 | TOTAL Mone | etary Expenditure | s To Date |
| | \$ | | 850.00 | • | \$ | 85 | 0.00_ |
| (11) CERTIFICATION | | | | | | | |
| • | It is a | a first degree i | misdemeanor for any per | son to falsi | ify a public re | cord (ss. 839.13, F. | S.) |
| | certify that I have examined this report and it is true, I certify that I have examined this report and it is true, | | | | | and it is true, | |
| COTT | correct, and complete. | | | | | | |
| (T | ype name) | | | (Туре і | name) PAT | A. SMITH | . |
| I | Individual (only | y for Trea | asurer Deputy Treasurer | | | Chairperson (only | for PC, PTY & |
| ele X | ectioneering com | mun.) | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | peleptioneering commun | n. organization) |
| | | | | X Signer | 1 WK | a smilk | |
| | ignature | | | Signa | ure , | <i>(</i> | |
| DS-D | E 12 (Rev. 08/0 | 04) | | / | • | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | PAT A SMITH | | (2 | 2) I.D. Numb | er <u> </u> | 07 |
|----------------------|---|----------------|---------------|----------------------|-------------|--------|
| | 10/31/2008 | | 2/2/2009 | | 7 | . 0 |
| (3) Cover Perio | d// | _ through | _ / / | (4) Pa | ge <u> </u> | of |
| (5) Date | (7) Full Name | (8) | (9) | (10) | (11) | (12) |
| (6) Sequence | (Last, Suffix, First, Middle) Street Address & | Contributor | Contribution | In-kind | Amendment | , |
| Number | City, State, Zip Code | Type Occupatio | п Туре | Description | Amendment | Amount |
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| DS-DE 13 (Rev. 08/03 | 3) 5 | FE REVERSE FOR | RINSTRUCTIONS | AND CODE VAL | IIES | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name PAT A SMITH | (2) I.D. Number 107 |
|----------------------------|-------------------------------|
| 10/31/2008 2/2/2009 | |
| (3) Cover Period/ through/ | (4) Page <u>1</u> of <u>1</u> |

| (7) | (8) | (9) | (10) | (11) |
|---|---|--|--|--|
| Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| Smith, Pat A. 50 Fairview Blvd. Ft. Myers Beach, FL 33931 | partial return of loan-close | DI | | \$101.32 |
| | account | | | |
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| | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Smith, Pat A. 50 Fairview Blvd. | Full Name (Last, Suffix, First, Middle) Street Address & contribution to a candidate) Smith, Pat A. 50 Fairview Blvd. Purpose (add office sought if contribution to a candidate) | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Smith, Pat A. Ft. Myers Beach, FL 33931 Purpose (add office sought if contribution to a candidate) Expenditure Type DI return of loan-close | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Smith, Pat A. Ft. Myers Beach, FL 33931 Purpose (add office sought if contribution to a candidate) Expenditure Type Amendment DI return of loan-close |

DS-DE 14 (Rev. 08/03)

| | | | DA DEPARTMENT OF STA MPAIGN TREASURE | | | ELECTIONS MMARY | |
|---|---|------------|---|----------------------------|---------------|--|--|
| (1) | PAT A SMIT | 4 | | $\Delta \Lambda$ | \prod | OFFICE USEDNIA 10 | |
| . , | Name | | | —4 11V | | LIVUCII | |
| (2) | | W BLVD, | FORT MYERS BEACH, FL | 33931 | | | |
| | Address (number and street) | | | | | | |
| | | | | | | | |
| | City, State, | • | | | | - | |
| | | | S HAS CHANGED | (3) ID | Num | ber: | |
| (4) | Check appr | | ox(es): ought): FORT MYERS BEA | CH FIRE-4 | | ı | |
| | _ | Committee | | CHECK IF PC | HAS E | NSBANDED | |
| | Committe | e of Cont | inuous Existence | CHECK IF CCI | E HAS | DISBANDED | |
| | ☐ Party Exe | ecutive Co | mmittee | | | · | |
| | Electione | ering Cor | nmunication | | | R ELECTIONEERING EPORTS WILL BE FILED | |
| | <u> </u> | | (5) REPORT | IDENTIFIERS | | | |
| Cov | er Period: | From | 10/11/2008 To | 10/30/2008/ | | Report Type G4 | |
| | Original 🗵 | Amendr | ent Special Election | Report | Inde | pendent Expenditure Report | |
| (6) | CONTRIBU | TIONS TH | IIS REPORT | (7) EXPEN | DITUF | RES THIS REPORT | |
| Cas | h & Checks | \$ | 50.00 | Monetary Expenditures | \$ | 0.00 | |
| Loai | ns | \$ | 0.00 | Transfers to Of Account | fice \$ | 0.00 | |
| Tota | I Monetary | \$ | 50.00 | Total | | 0.00 | |
| In-K | ind | \$ | 0.00 | Monetary | \$ | 0.00 | |
| | | | | (8) Other D | Xistrib \$ | outions 0.00 | |
| (9) | TOTAL Mon | netary Co | ntributions To Date | (10) TOTAL | Mone | etary Expenditures To Date | |
| | \$ | | 850.00 | \$ | | 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. | | | | | | |
| <u></u> | (Type name) PAT A . SM JTH | | | - A. SMITH | | | |
| el | Individual (only for Treasurer Deputy Treasurer Candidate Chairperson (only for PC, PTY & | | | | | | |
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| S | ignature | | | Signature | | / | |

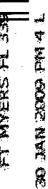
CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | PAT A SMITH | | | (2) I.D. Number | | | | |
|--------------------|--|------|------------|-----------------|-------------|-----------|---------|--|
| | 10/11/2008 | | 1 | 0/30/2008 | | | | |
| (3) Cover Peri | od / / | thro | ough | <i>i</i> | (4) Page | 1 | of | |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) | |
| (6) Saguence | (Last, Suffix, First, Middle) Street Address & | | ontributor | Contribution | In-kind | | | |
| Sequence Number | City, State, Zip Code | 4 | Occupation | Туре | Description | Amendment | Amount | |
| 10/13/2008 | Smith, Cheryl Lee 180 Egret Street Ft. Myers Beach, FL 33931 | I | retired | CA | | dd | \$50.00 | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number ______107 (1) Name PAT A SMITH 10/30/2008 10/11/2008 (4) Page 1 of 0 (3) Cover Period ____/___ through ____/____ (10) (11) (7) (8) (9) (5) Date Full Name **Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Туре City, State, Zip Code candidate) Amendment Amount Number

FT MYERS FL 33

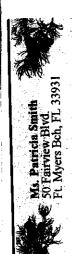




BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888 POSTAGE WILL BE PAID BY ADDRESSEE



| | FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|----------|--|--|--|--|--|--|
| (1) | PAT A SMITH | OFFICE USE ONLY 107 | | | | |
| (, | Name | | | | | |
| (2) | 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 3 | 13931 / D C S | | | | |
| `-' | Address (number and street) | _ /I.cue^ \(\) | | | | |
| ľ | , | 13931 F. Eves 999999999999999999999999999999999999 | | | | |
| | City, State, Zip Code | em lorsi aros s | | | | |
| | CHECK IF ADDRESS HAS CHANGED | (3) ID Number: | | | | |
| (4) | Check appropriate box(es): | (3) ID Number: | | | | |
| | X Candidate (office sought): FORT MYERS BEA | | | | | |
| | ☐ 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 | | | | |
| Cov | er Period: From / / To | 10/30/2008 / Report Type G4 | | | | |
| | Original ☐ Amendment ☐ Special Election | | | | | |
| - | | | | | | |
| (6) | CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | |
| C | h & Chacks \$ 100.00 | Monetary Expenditures \$ 128.24 | | | | |
| Cas | h & Checks \$ 100.00 | 120.24 | | | | |
| Loa | ns \$ 0.00 | Transfers to Office | | | | |
| | | Account \$ 0.00 | | | | |
| Tota | Monetary \$ 100.00 | Total | | | | |
| | | Monetary \$ 128.24 | | | | |
| In-K | ind \$ 0.00 | | | | | |
| | | (8) Other Distributions | | | | |
| | | \$ | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | |
| | \$ 800.00 | \$ | | | | |
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| | • • | IFICATION | | | | |
| 1 001 | π is a πrst degree misdemeanor for any pers tify that I have examined this report and it is true, | on to falsify a public record (ss. 839.13, F.S.) | | | | |
| | ect, and complete. | I certify that I have examined this report and it is true, correct, and complete. | | | | |
| σ | ype name) PAT A. SMITH | (Type name) PAT A, SMITH | | | | |
| | Individual (only for X Treasurer Deputy Treasurer | X Candidate Chairperson (only for PC PTY & | | | | |
| el) | ectioneering commun. | X R R Smill (main and main and | | | | |
| <u> </u> | ignature | Signature | | | | |
| | T / | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name _ | PAT A SMITH | | (2 | 2) I.D. Numb | er | .07 | | | |
|-----------------------|--|-----------------|------------|--------------|-------------|--------|--|--|--|
| | 10/11/2008 | | 10/30/2008 | | | | | | |
| (3) Cover Per | riod / / | through | _ / / | (4) Pa | ge <u>1</u> | of | | | |
| (5) Date (6) Sequence | (7) Full Name (Last, Suffix, First, Middle) Street Address & | (8) | (9) | (10) | (11) | (12) | | | |
| Number | City, State, Zip Code | Type Occupation | | Description | Amendment | Amount | | | |
| 10/18/2008 | Drebes, Larry & Nancy 5850 Estero Boulevard | I retired | СН | | | \$100. | | | |
| 1 | Fort Myers Beach, FL 33931 | | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name | PAT A | SMITH | | | | | (2) I.D. Ni | ımber | | 107 | |
|-------------|--------|--------|-------|---------|--------|------|-------------|-------|----|-----|--|
| • • | | 10/11, | /2008 | | 10/30/ | 2008 | . , | | | | |
| (3) Cover I | Period | / | / | through | / | / | (4) Page | 1 | of | 1_ | |

| (5) | (7) | (8) | (9) | (10) | (11) |
|---------------------------|---|-------------------------------|---------------------|-----------|----------|
| (5) Date (6) | Full Name (i.ast, Suffix, First, Middle) | Purpose (add office sought if | | | , , |
| Sequence Number | Street Address & City, State, Zip Code | contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 10/20/2008 | FedEx Kinko's, 11751 S. Cleveland Ave., Ste. 14 Fort Myers, FL 33907-2870 | printing flyers | МО | | \$128.24 |
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| FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|--|--|--|--|--|--|
| (1) PAT A SMITH | OFFICE USE ONLY 107 | | | | |
| Name | | | | | |
| (2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 3 | 3931 | | | | |
| 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 BEA | | | | | |
| ☐ Political Committee ☐ Committee of Continuous Existence ☐ | CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED | | | | |
| ☐ Party Executive Committee | ONEON IF OCE TIAS DISBARDED | | | | |
| ☐ Electioneering Communication | CHECK IF NO OTHER ELECTIONEERING | | | | |
| //: PEROPT | COMMUNICATION REPORTS WILL BE FILED | | | | |
| (5) REPORT (| 10/10/2008 | | | | |
| Cover Period: From/ | Report Type G3 | | | | |
| ☑ Original ☐ Amendment ☐ Special Election | Report Independent Expenditure Report | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | |
| Cash & Checks \$ 100.00 | Monetary Expenditures \$ 551.56 | | | | |
| Loans \$ 0.00 | Transfers to Office | | | | |
| Total Monetary \$ 100.00 | Total 0.00 | | | | |
| | Monetary \$ 551.56 | | | | |
| In-Kind \$ | | | | | |
| | (8) Other Distributions \$ 0.00 | | | | |
| (9) TOTAL Monotony Contributions To Date | (40) TOTAL Moneton Francisco To Date | | | | |
| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | |
| 700.00 | 620,44 | | | | |
| (11) CERT | | | | | |
| It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, | I certify that I have examined this report and it is true, | | | | |
| correct, and complete. | correct, and complete. | | | | |
| (Type name) PAT A. SM 17H | (Type name) PAT A. SMITH | | | | |
| Individual (only for electioneering commun.) | Candidate Chairperson (only for PC, PTY & electioneering commun. organization) | | | | |
| X / Rt h Smith | X fath Smith | | | | |
| Signature | Signature | | | | |

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | PAT A SMITH | (2) I.D. Number | | | | | | |
|---------------------------|--|-----------------|--------------------|--------------|-------------|--------------|------------|--|
| | 9/27/2008 | | 1 | 0/10/2008 | | | | |
| (3) Cover Per | iod / / | thr | ough | 11_ | (4) Pa | ge <u> </u> | of | |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) | |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | C Type | Contributor | Contribution | In-kind | Amendment | 4 4 | |
| 10/1/2008 | Pink, Nelson D 23 Fairview Boulevard Fort Myers Beach, FL 33931 | I | Occupation retired | Type CH | Description | Attolication | #50.0 | |
| 1 | | | | | | | | |
| 10/9/2008 | Loffreno, Pascual 8002 Estero Boulevard Fort Myers Beach, FL 33931 | I | retired | СН | | | \$50.0 | |
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

| (1) Name PAT A | A SMITH | | (2) I.D. Number | 107 |
|------------------|-----------|------------|-------------------|-----|
| | 9/27/2008 | 10/10/2008 | | |
| (3) Cover Period | | _ through/ | (4) Page <u>1</u> | of1 |

| (5) | (7) | (8) | (9) | (10) | (11) |
|---------------------------|---|---|---------------------|-----------|----------|
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | Amount |
| 9/30/2008 | Artype, Inc., 3530 Work Drive Fort Myers, FL 33916-7533 | yard signs | МО | | \$265.00 |
| 10/3/2008 | Fort Myers Beach Observer, 19260 San Carlos Boulevard Fort Myers Beach, FL 33931 | advertisi ng | МО | | \$142.56 |
| 10/5/2008 | FedEx Kinko's, 11751 S. Cleveland Ave., Ste. 14 Fort Myers, FL 33907-2870 | flyers | МО | | \$124.00 |
| 10/9/2008 | The Munch Box, 6101 Estero Boulevard Fort Myers Beach, FL 33931 | coffee | МО | | \$20.00 |
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| DS DE 44 (Pay | | | | | |

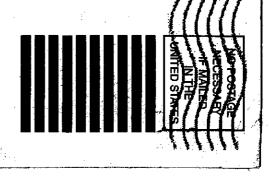
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BUSINESS REPLY MAIL

POSTAGE WILL BE PAID BY ADDRESSEE

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



| FLORIDA DEPARTMENT OF STA | |
|--|--|
| (1) PAT A SMITH Name | OFFICE USE ONLY 107 |
| (2) 50 FAIRVIEW BLVD, FORT MYERS BEACH, FL 3 Address (number and street) | 33931 |
| City, State, Zip Code | (3) ID Number: |
| (4) Check appropriate box(es): X Candidate (office sought): Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication | CH FIRE-4 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING |
| (5) REPORT | COMMUNICATION REPORTS WILL BE FILED 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 | (7) EXPENDITURES THIS REPORT |
| Cash & Checks \$ 0.00 | Monetary Expenditures \$ 0.00 |
| Loans \$ | Transfers to Office Account \$ 0.00 |
| Total Monetary \$ | Total Monetary \$ 0.00 |
| In-Kind \$ 58.30 | |
| | (8) Other Distributions \$ |
| (9) TOTAL Monetary Contributions To Date \$600.00_ | (10) TOTAL Monetary Expenditures To Date \$68.88_ |
| (11) CERT | |
| It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name) Individual (only for Treasurer Deputy Treasurer | 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.) | X election eering commun. organization) |
| Signature | Signature / |

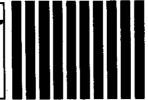
CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name _ | PAT A SMITH | (2) 1.D. Number | | | | | | |
|----------------------------------|--|-----------------|------------|--------------|--|---|---------|--|
| 9/13/2008 (3) Cover Period // | | | 9 | /26/2008 | (4) Page | . 1 | of _1 | |
| (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | T | (8) | (9) | (10) | (11) | (12) | |
| Sequence | Street Address & | Con | tributor | Contribution | In-kind | | | |
| Number | City, State, Zip Code | Туре | Occupation | Туре | Description | Amendment | Amount | |
| 9/22/2008 / / | Morris, Carol 11580 Isle of Palms Drive Fort Myers Beach, FL 33931 | | etired | 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 9/26/2008 9/13/2008 (4) Page 1 of 0 (3) Cover Period ____/__ through ____/___ (10) (11) (8) (9) (7) (5) Date Full Name Purpose (add office sought If (Last, Suffix, First, Middle) (6) Expenditure contribution to a Street Address & Sequence Type City, State, Zip Code candidate) Amendment Amount Number

DS-DE 14 (Rev. 08/03)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Postmark

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

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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| FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE | ATE DIVISION OF LEGENOUS COLORS OF THE REPORT SUMMARY |
|---|---|
| (1) PAT A SMITH | OFFICE USE ONLY 107 |
| 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): | |
| X Candidate (office sought): FORT MYERS BEA | |
| ☐ Political Committee ☐ Committee of Continuous Existence | CHECK IF PC HAS DISBANDED 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 | (7) EXPENDITURES THIS REPORT |
| Cash & Checks \$ 100.00 | Monetary Expenditures \$ 68.88 |
| Loans \$ | Transfers to Office Account \$ 0.00 |
| Total Monetary \$600.00 | Total |
| In-Kind \$ | Monetary \$ 68.88 r |
| | (8) Other Distributions 5.00 |
| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date |
| \$600.00 | 68.88. |
| (11) CERT | IFICATION |
| | on 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 | (Type name) PAT A. SMITH |
| Individual (only for election eering confirmun.) | Candidate Chairperson (only for PC, PTY & electioneering commun. organization) |
| x /al be smith | X Wasmill |
| Signature | Signature |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name PAT A SMITH | | | (2) I.D. Number 107 | | | | | |
|---------------------------|---|-------------|--------------------------|----------------------|------------------------|-----------|----------|----------|
| | 8/22/2008 riod / / | | 9 | /12/2008 | (4) Page | 1 | of | 1 |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | | (12) |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | | ontributor Occupation | Contribution Type | In-kind Description | Amendment | A | Amount |
| 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 | СН | | <u> </u> | | \$100.00 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name PAT A SMITH 107 (2) LD. Number ____ 9/12/2008 8/22/2008 (4) Page 1 of 1 (3) Cover Period ____/__ through ____/__ (11) (8) (9) (10) (7) (5) Date Purpose Full Name (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type Amount candidate) City, State, Zip Code Amendment Number FedEx Kinko's, 11751 S. Cleveland Ave., Ste. 14 print flyers \$68.88 9/10/2008 MO Fort Myers, FL 33907 1

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| DS-DE 14 (Rev. 08/03) | SEE REVERSE FOR | R INSTRUCTIONS AND | CODE VALUES | |

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NO POSTAGE
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IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

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

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888 Par mark pring

| WAIVER OF REPORT (Section 108.07(7), F.S.) | OFFICE USE ONLY | | | |
|--|--|--|--|--|
| (PLEASE TYPE) | | | | |
| PAT A SMITH | 107 | | | |
| FÖRT MYERS BEACH, FL 33931 | FORT MYERS BEACH FIRE-4 | | | |
| Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name | Identification Number (Assigned by Division of Elections) | | | |
| Address (Number and Street) | Office Sought (Include District, Circuit or Group Number) | | | |
| City State Zip Code | | | | |
| 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 R (Check Appro | | | | |
| (| | | | |
| QUARTERLY REPORTS PRIMARY ELECTION | GENERAL ELECTION | | | |
| ☐ January ☐ 32nd day prior | 46th day prior | | | |
| ☐ April ☐ 18th day prior | ☐ 32nd day prior | | | |
| ☐ July ☐ 4th day prior | ☐ TERMINATION REPORT ☐ 18th day prior — | | | |
| October | ☐ 4th day prior ☐ SPECIAL ELECTION | | | |
| NOTIFICATION OF NO ACTIVITY IN CAMPAIGN A | ACCOUNT FOR THE REPORTING PERIOD OF | | | |
| 8/2/2008 throug | gh 8/21/2008 (F3) | | | |
| X Shall Smith 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 that no report is being filed. | st be notified in writing on the prescribed reporting date | | | |

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.) | OFFICE USE ONLY | | | | |
|---|---|--|--|--|--|
| (PLEASE TYPE) | | | | | |
| | 107 | | | | |
| PAT A SMITH 50 FAIRVIEW BLVD FORT MYBRS BEACH, FL 33931 | FORT MYERS BEACH FIRE-4 | | | | |
| Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name | Identification Number (Assigned by Division of Elections) | | | | |
| Address (Number and Street) | Office Sought (Include District, Circuit or Group Number) | | | | |
| City State Zip Code | | | | | |
| 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 | | | | |
| ☐ January ☐ 32nd day prior | ☐ 46th day prior | | | | |
| ☐ April ☐ 18th day prior | ☐ 32nd day prior _ ☐ TERMINATION REPORT | | | | |
| ☐ July ☐ 4th day prior | ☐ 18th day prior | | | | |
| October | 4th day prior | | | | |
| NOTIFICATION OF NO ACTIVITY IN CAMPAIGN A | CCOUNT FOR THE REPORTING PERIOD OF | | | | |
| 7/19/2008 throug | h 8/1/2008 (F2) | | | | |
| X Wasmith 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 the required report is waived. However, the filing officer must that no report is being filed. | e account (no funds expended or received) the filing of it be notified in writing on the prescribed reporting date | | | | |

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

FT MYERS FL 339

ON ALKS 2008 PM 6-1



Sharon L. Harrington Supervisor of Elections, Lee County P. O. Box 2545 Fort Myers, FL 33902-2545 - Atter Bernie R. Felisiano. Sualifying Officer

| WAIVER OF REPORT (Section 106.07(7), F.S.) | OFFICE USE ONLY | | | | |
|--|--|--|--|--|--|
| (PLEASE TYPE) | | | | | |
| PAT A SMITH 50 FAIRVIEW BLVD | 107 | | | | |
| FORT MYERS BEACH, FL 33931 | FORT MYERS BEACH FIRE-4 | | | | |
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| ☐ October | ☐ 4th day prior | | | | |
| NOTIFICATION OF NO ACTIVITY IN CAMPAIGN A | ACCOUNT FOR THE REPORTING PERIOD OF | | | | |
| /) 4/1/2008 through | gh 7/18/2008 (F1) | | | | |
| * Ab be Smith | 7-25-08 | | | | |
| Signature | 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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Fort Myers, FL 33902-2545

P. O. Box 2545

50 Fairview Boulevard Fort Myers Beach, FL

Pat A. Smith

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Supervisor of Elections, Lee County

Sharon L. Harrington