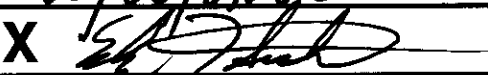


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	SICHEL, EDGAR F		111740196
Residence Address	12898 VISTA PINE CIR		
City and Zip Code	FORT MYERS FL 33913		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-561-8366	OR	
Email Address	edsichel@comcast.net		
Office Sought	Gateway COD		
Area, District, Group Or Seat Number	Seat 3		
Political Party (If Applicable)	NON		
Date Of Birth Or Voter ID #	3/24/39		
Date	06/06/2008		
Candidate Signature	X 		

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

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Edgar F. Sichel,

candidate for the office of Board of Supervisors, Gateway Services CDD ;

Seat 3

have received, read and understand the requirements of Chapter 106, Florida Statutes.

X

Edgar F. Sichel
Signature of Candidate

6/6/2008
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

08JUN06PM0513 SDE Lee Co FI

SCANNED

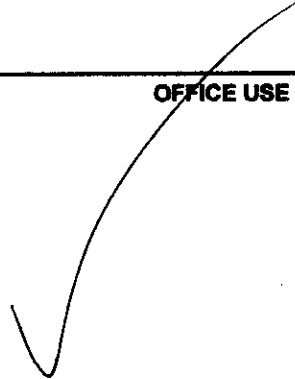
**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Lee COUNTY

OFFICE USE ONLY



I,

Edgar F. Sichel

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

Ed Sichel

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Board of Supervisors, Gateway CDD, 3
(office) (district) (group)

My legal residence is 12898 VISTA PINE CIRCLE, FORT MYERS ^{LEE} County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X

(239)

561-8366

edsichel@comcast.net

Signature of Candidate

Daytime Telephone Number

Email Address

12898 Vista Pine Circle

Fort Myers

Florida

33913

Address

City

State

ZIP Code

Sworn to (or affirmed) and subscribed before me this 5th day of June, 2008.

Personally Known: _____ or

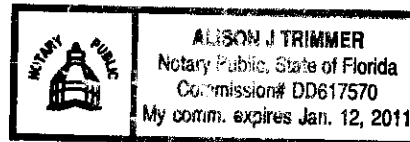
Produced Identification:

Type of Identification Produced:

FDX

Signature of Notary Public — State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



08JUN16PM0511 50E Læ Cø F1

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :
 Sichel, Edgar Fleer

MAILING ADDRESS :
 12898 Vista Pine Circle

CITY : ZIP : COUNTY :
 Fort Myers, Florida 33913 Lee

NAME OF AGENCY :
 Gateway Services CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Board of Supervisors, Group *Seat 3*

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

PDF 2007

08JUN05PM0511 50E Lee Co Fl

****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
Northern Trust Company, Rexam Inc.	Benefit Payment Services C-2N 50S. LaSalle	Pension
Rexam Inc. #EX3 866-739-2600	St. Chicago, Illinois 60603	
US Government	Northeastern Program Service Center 1 Jamaica Center Plz, Jamaica NY, 11432	Social Security

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
None			

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

Legal Description: Gateway PH 11 BLK A PGS 89-94 Lot 34, Book: 3164
 Page 3879. Site Address: 12898 Vista Pine Circle, Fort Myers, FL. 33913

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.



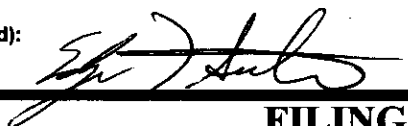
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Rexam Retirement Savings Plan (401K)	401K Retirement Plan
Managed by Vanguard Group 800-523-1188	
USAA Investment Management Company	Self Directed IRA and IRA.
9800 Fredericksburg Road, San Antonio,	
Texas, 78288 Tele.#800-531-8343	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):



DATE SIGNED (required):

6/6/2008

FILING INSTRUCTIONS:

WHAT TO FILE:

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

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

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

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

WHERE TO FILE:

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

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

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

SCANNED

WAIVER OF REPORT

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

(PLEASE TYPE)

EDGAR SICHEL
12898 VISTA PINE CIR
FORT MYERS, FL 33913

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

Address (Number and Street)

City State Zip Code

Candidate

Committee of Continuous Existence

Check box if address has changed since last report

Political Committee

Party Executive Committee

Check here if PC or CCE has DISBANDED and will no longer file reports.

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

48th day prior

32nd day prior

18th day prior

4th day prior

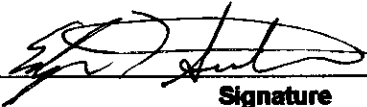
TERMINATION REPORT

SPECIAL ELECTION

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

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

X


Signature

11/29/2008
Date

SIGNATURES REQUIRED FOR:

Candidates

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

Political Committees

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

Committees of Continuous Existence

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

Party Executive Committees

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

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.

OFFICE USE ONLY

89

FINAL REPORT

GATEWAY CDD-3

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

08DEC01PM1124 SDE Lee Co FI

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

(1) EDGAR SICHEL
Name

(2) 12898 VISTA PINE CIR, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 89

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 132.50

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 0.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

(Type name)

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

0801131M1048 SDE Lee Co FI

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name EDGAR SICHEL (2) I.D. Number 89

10/11/2008 through 10/30/2008
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/13/2008 / /	Sichel, Edgar F 12898 Visat Pine Circle Fort Myers, FL 33913	I	retired	IK	campaign signs graphix shop		\$132.50
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) EDGAR SICHEL
Name

(2) 12898 VISTA PINE CIR, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 89

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

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

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>25.50</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
\$ 0.00

(10) TOTAL Monetary Expenditures To Date
\$ 0.00

(11) CERTIFICATION

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

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

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Edgar F. Sichel

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

X

Signature

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name EDGAR SICHEL (2) I.D. Number 89

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/5/2008 / /	Edgar, Sichel F. 12898 Vista Pine Circle Fort Myers, FL 33913	I	retired	IK	campaignp e-mail rogram		\$13.00
1							
10/5/2008 / /	Edgar, Sichel F 12898 Vista Pine Circle Fort Myers, FL 33913	I	retired	IK	godaddy hosting services 2 months		\$12.50
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) EDGAR SICHEL
Name

(2) 12898 VISTA PINE CIR, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 89

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-3

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 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 \$ 51.40

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 0.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X

Signature

(Type name) Edgar F. Sichel

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

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name EDGAR SICHEL (2) I.D. Number 89

9/13/2008 9/26/2008

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/15/2008 / /	Sichel, Edgar F. 12898 Vista Pine Circle Fort Myers, FL 33913	I	retired	IK	hp ink jet cartridges		\$51.40
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 89

(1) EDGAR SICHEL
Name

(2) 12898 VISTA PINE CIR, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-3

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 \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 157.50

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 0.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

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

(Type name)

(Type name) Edgar F. Sichel

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X

X

Signature

Signature

*08SEP11AM0931 SDE Lee Co FI

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name EDGAR SICHEL (2) I.D. Number 89

(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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/9/2008 / /	Sichel, Edgar F 12898 Vista Pine Circle Fort Myers, FL 33913	I	retired	IK	campaign signs		\$132.50
1							
6/6/2008 / /	Sichel, Edgar F. 12898 Vista Pine Circle Fort Myers, FL 33913	I		IK	lee county elections filing fee		\$25.00
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 89

**AMENDED
REPORT**

(1) EDGAR SICHEL

Name

(2) 12898 VISTA PINE CIR, FORT MYERS, FL 33913

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-3

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 8/2/2008 To 8/21/2008 Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>5.95</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

\$ 0.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X

Signature

(Type name)

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

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name EDGAR SICHEL (2) I.D. Number 89
 8/2/2008 through 8/21/2008
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/14/2008 / /	Sichel, Edgar F 12898 Vista Pine Circle Port Myers, FL 33913	I	retired	IK	net firms web hosting	Add	\$5.95
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WAIVER OF REPORT

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

(PLEASE TYPE)

EDGAR SICHEL
12898 VISTA PINE CIR
FORT MYERS, FL 33913

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

Address (Number and Street)

City State Zip Code

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

OFFICE USE ONLY

89

GATEWAY CDD-3

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

- 48th 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

8/20/2008
Date

SIGNATURES REQUIRED FOR:

- Candidates**
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

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

WAIVER OF REPORT

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

(PLEASE TYPE)

EDGAR SICHEL
12898 VISTA PINE CIR
FORT MYERS, FL 33913

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

OFFICE USE ONLY
89

GATEWAY CDD-3

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

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

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
 April
 July
 October

PRIMARY ELECTION

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

GENERAL ELECTION

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

- TERMINATION REPORT
 SPECIAL ELECTION

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

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

X


Signature

8/1/2008
Date

SIGNATURES REQUIRED FOR:

Candidates

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

Political Committees

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

Committees of Continuous Existence

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

Party Executive Committees

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

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

70811305PM0849 SDF Lee Cofl

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

(1) EDGAR SICHEL
Name

(2) 12898 VISTA PINE CIR, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY 89

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

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

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>4.87</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
\$ 0.00

(10) TOTAL Monetary Expenditures To Date
\$ 0.00

(11) CERTIFICATION

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

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

(Type name) Edgar F. Sichel

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) Edgar F. Sichel

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

X [Signature]
Signature

*08JUL17PM0240 SDE Lee Co F1

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name EDGAR SICHEL

(2) I.D. Number 89

4/1/2008 through 7/18/2008

(3) Cover Period / / through / /

(4) Page 1 of 0

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