

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

08 JUN 17 PM 03:58 SOE Lee Co F1

Candidate Name	Tamara Stehly Sendewicz		
Residence Address	12779 Stone Tower LOOP		
City and Zip Code	Fort Myers 33913		
Mailing Address (If different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-561-5153	OR	
Email Address	Sendewicz for Supervisor@yahoo.com		
Office Sought	Special District Supervisor		
Area, District, Group Or Seat Number	Gateway, 3		
Political Party (If Applicable)			
Date Of Birth Or Voter ID #	6/28/1964		
Date	6/17/08		
Candidate Signature	<input checked="" type="checkbox"/> Tamara Stehly Sendewicz		

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

08 JUN 17 PM 03:58 SHEL AE Co F1

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depositor

Name of Candidate: Tamara Stehly Sendewicz
1. Address (include post office box or street, city, state, zip code):
12779 Stone Tower Loop
Fort Myers, FL 33913

Telephone (optional): () 2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): Gateway Seat 3

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

4. Name of Treasurer or Deputy Treasurer:
Tamara Stehly Sendewicz

5. Mailing Address (If post office box or drawer add street address):
12779 Stone Tower Loop
6. Telephone: 239-561-5153

7. City: Ft. Myers 8. County: Lee 9. State: FL 10. Zip Code: 33913

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

11. Name of Bank: Suncoast School Federal Credit Union
12. Street Address:

13. City: Lehigh Acres 14. County: Lee 15. State: FL 16. Zip Code:

17. Signature of Candidate: X Tamara Stehly Sendewicz Date: 6/17/08

Campaign Treasurer's Acceptance of Appointment

I, Tamara Stehly Sendewicz, do hereby accept the appointment as
(Please Print or Type) Tamara Stehly Sendewicz

Campaign Treasurer Deputy Treasurer for the campaign of Gateway Supervisor Seat 3

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

(Party) Gateway CDD, 3 As a duly registered voter in Lee

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

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

6/17/08 Date X Tamara Stehly Sendewicz Signature of Campaign Treasurer or Deputy Treasurer



AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

08JUN17PM0359 SDEL Lee Co Fl

State of Florida
County of Lee

I, Tamara Stehly Sendewicz am a candidate for the Special District
(print name)

office of: Gateway 3
(district name and district #, seat #, or area#)

in the 11/4/08 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.

Tamara Stehly Sendewicz
Signature of Candidate

6/17/08
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

08JUN17PM0359SDE Lee Co FL

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Tamara Stehly Sendewicz,
candidate for the office of Special District, Gateway ^{Seat 3};

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

X Tamara Stehly Sendewicz
Signature of Candidate

6/17/08
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

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

Lee, COUNTY

08 JUN 17 PM 03:59 SUE LEE OF FL

I, <u>Tamara</u>	<u>Diane</u>	<u>Stehly Sendewicz</u>
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, Tamara Stehly Sendewicz
(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 Special District Supervisor Gateway, 3
(office) (district) (group)

My legal residence is 12779 Stone Tower Loop, Ft. Myers, FL, 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.

<u>X</u> <u>Tamara Stehly Sendewicz</u>	<u>239</u> <u>561-5153</u>	
Signature of Candidate	Daytime Telephone Number	Email Address

<u>12779 Stone Tower Loop</u>	<u>Ft. Myers</u>	<u>FL</u>	<u>33913</u>
Address	City	State	ZIP Code

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

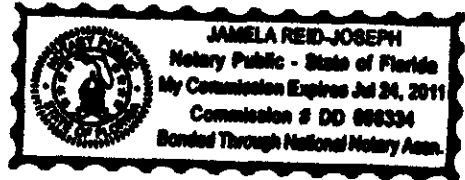
Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:
FL DL S342-804, 64 728-u

Jamela Reid Joseph
Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



SCANNED

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Stehly Sendewicz-Tamara-Diane

MAILING ADDRESS :

12779 Stone Tower Loop

Fort Myers

33913

Lee

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Special District Supervisor, Gateway #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

08JUN17PM0359 SDE 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

School Board of Lee County

Ft. Myers, FL

Education

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]

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 to be filed need to file are described on page 5.



PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

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):

Jamara Stehly Sendewicz

DATE SIGNED (required):

6/17/08

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 Blvd. South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

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

WHEN TO FILE:

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

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

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

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

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

OFFICE USE ONLY 110

**AMENDED
REPORT**

(1) TAMARA STEHLY SENDEWICZ

Name

(2) 12779 STONE TOWER LOOP, 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 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	\$	15.02
Transfers to Office Account	\$	0.00
Total Monetary	\$	15.02

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 185.00

(10) TOTAL Monetary Expenditures To Date

\$ 194.76

(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) Tamara Stehly Sendewicz

(Type name) Tamara Stehly Sendewicz

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

Tamara Stehly Sendewicz
Signature

Tamara Stehly Sendewicz
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name TAMARA STEHLY SENDEWICZ (2) I.D. Number 110

10/31/2008 through 2/2/2009

(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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TAMARA STEHLY SENDEWICZ

(2) I.D. Number 110

(3) Cover Period 10/31/2008 through 2/2/2009

(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					
2/2/2009 / /	Stehly Sendewicz, Tamara 12779 Stone Tower Loop Fort Myers, FL 33913	repay candidate loan	DI	Add	\$15.02
1					
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/ /					
/ /					

WAIVER OF REPORT

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

(PLEASE TYPE)

TAMARA STEHLY SENDEWICZ
12779 STONE TOWER LOOP
FORT MYERS, FL 33913

OFFICE USE ONLY

110

GATEWAY CDD 3

FINAL REPORT

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

- January
- April
- July
- October

PRIMARY ELECTION

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

GENERAL ELECTION

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

TERMINATION REPORT

SPECIAL ELECTION

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

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

X

Tamara Stehly Sendewicz
Signature

2/2/09
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

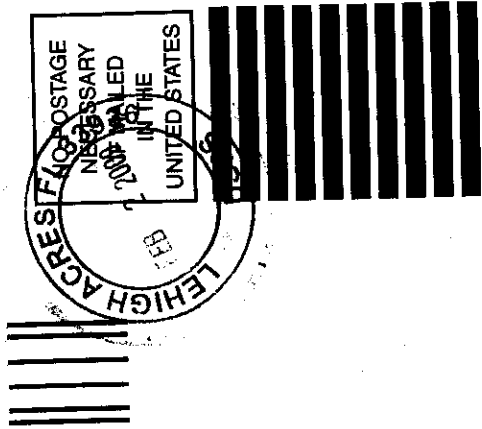
Treasurer (s. 106.04(4)(c), F.S.)

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.

09FEB03PM0247SDEL Co F1



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**

BANDVOCBM0936 SDEL ee Co F

(1) TAMARA STEHLY SENDEWICZ
Name

(2) 12779 STONE TOWER LOOP, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 110

f. Euel

PM 10/31/2008

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(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 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 \$ 85.00

Loans \$ 0.00

Total Monetary \$ 85.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 101.03

Transfers to Office Account \$ 0.00

Total Monetary \$ 101.03

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 185.00

(10) TOTAL Monetary Expenditures To Date

\$ 179.74

(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) Tamara Stehly Sendewicz

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Tamara Stehly Sendewicz
Signature

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

(Type name) Tamara Stehly Sendewicz

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

Tamara Stehly Sendewicz
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name TAMARA STEHLY SENDEWICZ (2) I.D. Number 110

10/11/2008 through 10/30/2008

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
10/12/2008 / /	Grace, Florine Mae 12780 Kenwood Court Ft. Myers, FL 33907	I		CH			\$85.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TAMARA STEHLY SENDEWICZ

(2) I.D. Number 110

(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
(6) Sequence Number					
10/13/2008 / /	Vista Print, www.vistaprint.com	camapign signs	MO		\$85.81
1					
10/15/2008 / /	vista print, www.vistaprint.com	postcards advertise campaign ments	MO		\$15.22
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

WAIVER OF REPORT

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

(PLEASE TYPE)

TAMARA STEHLY SENDEWICZ
12779 STONE TOWER LOOP
FORT MYERS, FL 33913

OFFICE USE ONLY

110

GATEWAY CDD-3

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

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

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

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
 April
 July
 October

PRIMARY ELECTION

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

GENERAL ELECTION

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

- TERMINATION REPORT
 SPECIAL ELECTION

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

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

X
Tamara Stehly Sendewicz
Signature

10/15/08
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.

080017PM0358 SDE Lee Co FL

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

(1) TAMARA STEHLY SENDEWICZ
Name

(2) 12779 STONE TOWER LOOP, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 110

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 9/13/2008 To 9/26/2008 / _____ Report Type G2

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>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>7.51</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>7.51</u>

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 100.00

(10) TOTAL Monetary Expenditures To Date

\$ 78.71

(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) Tamara Stehly Sendewicz

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Tamara Stehly Sendewicz
Signature

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

(Type name) Tamara Stehly Sendewicz

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

Tamara Stehly Sendewicz
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name TAMARA STEHLY SENDEWICZ (2) I.D. Number 110

9/13/2008 9/26/2008

(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) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TAMARA STEHLY SENDEWICZ

(2) I.D. Number 110

9/13/2008 through 9/26/2008

(3) Cover Period / / through / /

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/24/2008 / /	Vista Print, www.vistaprint.com	promotion campaign al items	MO		\$7.51
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 110

(1) TAMARA STEHLY SENDEWICZ
Name

(2) 12779 STONE TOWER LOOP, 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 \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 62.25

Transfers to Office Account \$ 0.00

Total Monetary \$ 62.25

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 100.00

(10) TOTAL Monetary Expenditures To Date

\$ 71.20

(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) Tamara Stehly Sendewicz

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Tamara Stehly Sendewicz

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

X Tamara Stehly Sendewicz
Signature

X Tamara Stehly Sendewicz
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name TAMARA STEHLY SENDEWICZ (2) I.D. Number 110

8/22/2008 9/12/2008

(3) Cover Period / / through / / (4) Page 1 of 0

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

(1) Name TAMARA STEHLY SENDEWICZ (2) I.D. Number 110
 (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
9/6/2008 / /	Vista Print, www.vistaprint.com	campaign window decal	MO		\$17.26
1					
9/6/2008 / /	ebay user: bay52, www.ebay.com	campaign buttons	MO		\$44.99
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WAIVER OF REPORT

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

(PLEASE TYPE)

TAMARA STEHLY SENDEWICZ
12779 STONE TOWER LOOP
FORT MYERS, FL 33913

OFFICE USE ONLY

110

GATEWAY CDD-3

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

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

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

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- 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)

Tamara Stehly Sendewicz
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 this required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

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

OFFICE USE ONLY 110

(1) TAMARA STEHLY SENDEWICZ
Name

(2) 12779 STONE TOWER LOOP, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): GATEWAY CDD-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

**AMENDED
REPORT**

(5) REPORT IDENTIFIERS

Cover Period: From 7/19/2008 To 8/1/2008 Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>100.00</u>
Total Monetary	\$	<u>100.00</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
\$ 100.00

(10) TOTAL Monetary Expenditures To Date
\$ 8.95

(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) Tamara Stehly Sendewicz

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Tamara Stehly Sendewicz
Signature

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

(Type name) Tamara Stehly Sendewicz

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

Tamara Stehly Sendewicz
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TAMARA STEHLY SENDEWICZ
 (3) Cover Period 7/19/2008 through 8/1/2008

(2) I.D. Number 110
 (4) Page 1 of 0

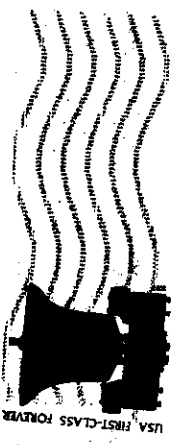
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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Handwritten: 12779 Stone Tower Road
St. Myers, MD 33913

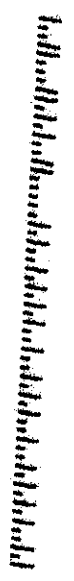
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The Supervisor of Elections
The County Election Office
P.O. Box 2545
St. Myers, MD 33902 - 2545

FT MYERS FL 339
08 SEP 2008 PM 5 T



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

OFFICE USE ONLY 110

(1) TAMARA STEHLY SENDEWICZ
Name

(2) 12779 STONE TOWER LOOP, FORT MYERS, FL 33913
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 110

(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

(6) REPORT IDENTIFIERS

Cover Period: From 7/19/2008 To 8/1/2008 Report Type F2

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 \$ 20.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 8.95

Transfers to Office Account \$ 0.00

Total Monetary \$ 8.95

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 0.00

(10) TOTAL Monetary Expenditures To Date

\$ 8.95

(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) Tamara Stehly Sendewicz

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Tamara Stehly Sendewicz

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

Tamara Stehly Sendewicz
Signature

Tamara Stehly Sendewicz
Signature

*ORANGE COUNTY SELECTION Co F1

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TAMARA STEHLY SENDEWICZ

(2) I.D. Number

110

(3) Cover Period 7/15/2008 / / through 8/1/2008 / /

(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					
7/20/2008 / /	yahoo small business,	web hosting	MO		\$8.95
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WAIVER OF REPORT

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

(PI FASE TYPE)

OFFICE USE ONLY

110

TAMARA STEHLY SENDEWICZ
12779 STONE TOWER LOOP
FORT MYERS, FL 33913

GATEWAY CDD-3

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

Identification Number (Assigned by Division
of Elections)

12779 Stone Tower Loop
Address (Number and Street)

Gateway CDD, Seat 3
Office Sought (Include District, Circuit or
Group Number)

Fort Myers FL 33913
City State Zip Code

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

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

PRIMARY ELECTION

GENERAL ELECTION

January

32nd day prior

46th day prior

April

18th day prior

32nd day prior

July

4th day prior

18th day prior

TERMINATION REPORT

October

4th day prior

SPECIAL ELECTION

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

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

X
Tamara Stehly Sendewicz
Signature

7/25/08
Date

SIGNATURES REQUIRED FOR:

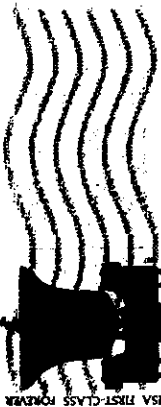
- Candidates**
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Political Committees**
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Committees of Continuous Existence**
Treasurer (s. 109.04(4)(c), F.S.)
- Party Executive Committees**
Treasurer or Chairman (s. 106.29(2), F.S.)

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

08 JUL 29 PM 04:08 SDE Lee Co-F1

1. Stubby Henderson
12779 Stone Island Loop
Ft. Myers, FL 33913

FT MYERS FL 339
28 JUL 2008 PM 6 L



Supervisor of Elections
P.O. Box 2545
Ft. Myers, FL 33902-2545

08 JUL 29 PM 04 08 SDE Lee Co FL

29 PM 04 08 SDE Lee Co FL

3390252545

