

*aarv*

**PAID**

**LEE COUNTY  
SUPERVISOR OF ELECTIONS  
CANDIDATE CAMPAIGN FILE COVER  
SHEET**

\*08JUN19PM1253 SOE Lee Co F1

Candidate Name	G. Edwin Tinkle #		
Residence Address	11180 Bent Pine Drive		
City and Zip Code	Fort Myers, Florida 33913		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239.561.9809	OR	
Email Address	etinkle@contactcei.com		
Office Sought	Gateway CDD Board of Supervisors		
Area, District, Group Or Seat Number	Seat #2		
Political Party (If Applicable)	N/A		
Date Of Birth Or Voter ID #	October 26, 1946		
Date	6/19/08		
Candidate Signature	X <i>[Signature]</i>		

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

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

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

**SCANNED**

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

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

(PLEASE TYPE)

OFFICE USE ONLY

08 JUN 19 PM 12:53 SDE [see 09-11]

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: G. Edwin Tinkle II  
1. Address (include post office box or street, city, state, zip code):  
1180 Bent Pine Drive  
Ft. Myers, Florida 33913

Telephone (optional): (239) 561-9809  
2. Party (Partisan candidates only): n/a  
3. Office (add district, circuit, group number): Board of Supervisor Gateway CDD Seat #2

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

4. Name of Treasurer or Deputy Treasurer:  
Rebecca G. Tinkle

5. Mailing Address (if post office box or drawer add street address): 1180 Bent Pine Drive  
6. Telephone: 239. 561. 9809

7. City: Fort Myers    8. County: Lee    9. State: Florida    10. Zip Code: 33913

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

11. Name of Bank: Bank of America  
12. Street Address: 11691 Gateway Blvd.

13. City: Fort Myers    14. County: Lee    15. State: Florida    16. Zip Code: 33913

17. Signature of Candidate: [Signature]    Date: 6/19/08

**Campaign Treasurer's Acceptance of Appointment**

I, Rebecca G. Tinkle, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of G. Edwin Tinkle II

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

Board of Supervisors Gateway CDD Seat #2 . 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.

6/19/08    Date    [Signature]    Signature of Campaign Treasurer or Deputy Treasurer



**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**

081119PM125350E1 ee Co F1

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate  
*G. Edwin Tinkle II*

1. Address (include post office box or street, city, state, zip code)  
*1180 Beat Pine Dr  
Ft. Myers, FL 33913*

Telephone (optional)  
*(889) 561-9809*

2. Party (Partisan candidates only)  
*N/A*

3. Office (add district, circuit, group number)  
*Stateway EDD - Beat 2*

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

4. Name of Treasurer or Deputy Treasurer  
*G. Edwin Tinkle II*

5. Mailing Address (If post office box or drawer add street address)  
*1180 Beat Pine Dr*

6. Telephone  
*889-561-9809*

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

12. Street Address

13. City

14. County

15. State

16. Zip Code

17. Signature of Candidate  
*X [Signature]*

Date  
*6/19/08*

**Campaign Treasurer's Acceptance of Appointment**

I, *G. Edwin Tinkle II*, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of *G. Edwin Tinkle II*

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

*Stateway EDD - Beat 2* 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.**

*6/19/08*  
Date

*X [Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer



08JUN19PM1253 SDE Lee Co Fl


OFFICE USE ONLY

**STATEMENT OF CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, G. Edwin Tinkle II,  
candidate for the office of Gateway CDD Board of Supervisors;  
Seat #2  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X   
Signature of Candidate

6/19/08  
Date

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

SCANNED

# AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida  
County of Lee

I, G. Edwin Tinkle #, am a candidate for the Special District  
(print name)

office of: Gateway CDD Board of Supervisors Seat #2  
(district name and district #, seat #, or area#)

in the Nov. 4<sup>th</sup> 2008 election. I understand that my only campaign  
(date of election)

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

As long as these are my only campaign expenses, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, during my campaign, I am prohibited from expending, collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST FILE Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

X   
Signature of Candidate

6/19/08  
Date

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

**LOYALTY OATH FOR  
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Lee COUNTY

OFFICE USE ONLY

080011971253 90E L-001

I, Gerald Edwin Tinkle II  
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, G. Edwin Tinkle II

(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 Board of Supervisors Seat #2 . Gateway . CD0  
(office) (district) (group)

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

X [Signature] (239) 561-9809 etinkle@contactcei.com

11180 Bent Pine Drive Fort Myers Florida 33913  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of June, 2008.

Personally Known:  or

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

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

[Signature]  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



SCANNED

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Tinkle II, Gerald Edwin

MAILING ADDRESS :

11180 Bent Pine Drive

CITY: ZIP: COUNTY:

Fort Myers, Florida Lee 33913

NAME OF AGENCY :

Gateway CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Supervisors Gateway CDD Seat #2

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

CHECK ONLY IF [X] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

08 JUN 19 PM 12:53 SDE L ee Co FI

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):

[X] 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 [X] DOLLAR VALUE THRESHOLDS

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

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include Commonwealth Engineers Inc, Commonwealth Engineers LLC, Commonwealth Biomonitoring, and Commonwealth Engineers, Inc.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. The table is mostly empty with some crossed-out lines.

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

Table with 1 column: REAL PROPERTY. The table is mostly empty with some crossed-out lines.

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.

08/11/09M1253 SOE L ee Co F1

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401(K) Investment	Individual GET retirement account
G. Edwin Tinker II trust	Stock Account Edward Jones
G. Edwin Tinker II IRA	Stock Account Edward Jones

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Fifth Third Bank	P.O. Box 630412 Cincinnati Ohio 45263

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) *[Signature]* DATE SIGNED (required): 6/19/08

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**  
 After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.  
 If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).  
 Facsimiles will not be accepted.  
**NOTE:**  
**MULTIPLE FILING UNNECESSARY:**  
 Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**  
 If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.  
**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)  
**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.  
**Candidates** file this form together with their qualifying papers.  
 To determine what category your position falls under, see the "Who Must File" instructions on page 3.

**WHEN TO FILE:**  
**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.  
**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.  
**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.  
**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.



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

**OFFICE USE ONLY** 101  
**FINAL REPORT**

(1) G. EDWIN TINKLE II  
Name

(2) 11180 BENT PINE DR, 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-2

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 \$ 0.48

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.48

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date  
\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date  
\$ 1,000.00

**(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 comm.)  Treasurer  Deputy Treasurer

(Type name)

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

G. Edwin Tinkle II  
Signature

G. Edwin Tinkle II  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name G. EDWIN TINKLE II (2) I.D. Number 101

10/31/2008 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		(9) Contribution	(10) In-kind Description	(11) Amount	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name G. EDWIN TINKLE II

(2) LD. Number 101

10/31/2008 through 2/2/2009

(3) Cover Period   /  /   through   /  /  

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amount	(11) Amount
1/26/2009 /  /	Tinkle II, Gerald Edwin 11180 Bent Pine Dr Ft Myers, FL 33913	reimburse loan ment	NO		\$0.48
1					
/  /					
/  /					
/  /					
/  /					
/  /					
/  /					
/  /					
/  /					
/  /					

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

\*08 OCT 13 AM 10:45 SDE Lee Jo F 1

(1) G. EDWIN TINKLE II

Name

(2) 11180 BENT PINE DR, 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-2

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 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 \$ 200.00

Total Monetary \$ 200.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 412.51

Transfers to Office Account \$ 0.00

Total Monetary \$ 412.51

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 999.52

**(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) G. Edwin Tinkle II

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) G. Edwin Tinkle II

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

X   
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name G. EDWIN TINKLE II (2) I.D. Number 101

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
10/14/2008 / /	Tinkle II, G. Edwin I 11180 Bent Pine Drive Ft Myers, FL 33913		retired	LO			\$200.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name G. EDWIN TINKLE II

(2) I.D. Number 101

(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					
10/14/2008 / /	Supervisor of Elections, PO Drawer 2545 Ft Myers, FL 33902	registered voter list	MO		\$8.00
1					
10/17/2008 / /	FASTSIGNS, 12211 S Cleveland Ave Ft Myers, FL 33907	advertise political ment-yard signs	MO		\$233.57
2					
10/21/2008 / /	Kwik Kopy, 13881 Plantation Rd. Suite 5 Ft Myers, FL 33912	printing political handouts	MO		\$170.94
3					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) G. EDWIN TINKLE II

**Name**

(2) 11180 BENT PINE DR, 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-2

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 \$ 200.00

Loans \$ 600.00

Total Monetary \$ 800.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 587.01

Transfers to Office Account \$ 0.00

Total Monetary \$ 587.01

(8) Other Distributions \$ 0.00

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

\$ 800.00

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

\$ 587.01

**(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) G. Edwin Tinkle II

(Type name) G. Edwin Tinkle II

Individual (only for electioneering comm.)  Treasurer  Deputy Treasurer

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

**X** [Signature]  
Signature

**X** [Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name G. EDWIN TINKLE II (2) I.D. Number 101

9/27/2008 through 10/10/2008

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

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/2/2008 / /	Tinkle II, G. Edwin I 11180 Bent Pine Dr Ft Myers, FL 33919		retired	LO			\$600.00
1							
10/10/2008 / /	Fort Myers Fitness at Gateway, 13130 Westlinks Terrace Ft Myers, FL 33913	B	business	CH			\$200.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



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

(1) Name G. EDWIN TINKLE II

(2) I.D. Number 101

9/27/2008 through 10/10/2008

(3) Cover Period           /          /           through           /          /          

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/3/2008 / /	FASTSIGNS, 12211 S Cleveland Ave. Ft Myers, FL 33907	advertise political mnt-yard signs	MO		\$539.01
1					
10/6/2008 / /	Kwik Kopy, 13881 Plantation Road, Suite 5 Ft Myers, FL 33912	printing political handouts	MO		\$48.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

# WAIVER OF REPORT

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

(PLEASE TYPE)

G. EDWIN TINKLE II  
11180 BENT PINE DR  
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

101

GATEWAY CDD-2

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

### TYPE OF REPORT (Check Appropriate Box)

#### QUARTERLY REPORTS

- January  
 April  
 July  
 October

#### PRIMARY ELECTION

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

#### GENERAL ELECTION

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

TERMINATION REPORT

SPECIAL ELECTION

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

9/13/2008 through 9/26/2008 ( G2 )

X



Signature

9/29/08

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.

# WAIVER OF REPORT

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

(PLEASE TYPE)

G. EDWIN TINKLE II  
11180 BENT PINE DR  
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

101

GATEWAY CDD-2

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

### TYPE OF REPORT (Check Appropriate Box)

#### QUARTERLY REPORTS

- January  
 April  
 July  
 October

#### PRIMARY ELECTION

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

#### GENERAL ELECTION

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

- TERMINATION REPORT  
 SPECIAL ELECTION

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

8/22/2008 through 9/12/2008 ( G1 )

X

  
Signature

9/15/08  
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.

# WAIVER OF REPORT

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

(PLEASE TYPE)

G. EDWIN TINKLE II  
11180 BENT PINE DR  
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

101

GATEWAY CDD-2

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

### TYPE OF REPORT (Check Appropriate Box)

#### QUARTERLY REPORTS

- January  
 April  
 July  
 October

#### PRIMARY ELECTION

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

#### GENERAL ELECTION

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

- TERMINATION REPORT  
 SPECIAL ELECTION

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

8/2/2008 through 8/21/2008 ( F3 )

X   
Signature

  
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.

08RUC20M1144 SDEL ee Cof1

# WAIVER OF REPORT

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

(PLEASE TYPE)

G. EDWIN TINKLE II  
11180 BENT PINE DR  
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.

OFFICE USE ONLY

101

GATEWAY CDD-2

Identification Number (Assigned by Division  
of Elections)

Office Sought (Include District, Circuit or  
Group Number)

## TYPE OF REPORT (Check Appropriate Box)

### QUARTERLY REPORTS

January

April

July

October

### PRIMARY ELECTION

32nd day prior

18th day prior

4th day prior

### GENERAL ELECTION

46th day prior

32nd day prior

18th day prior

4th day prior

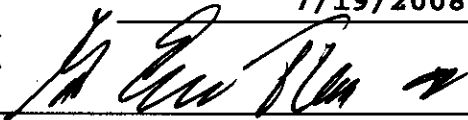
TERMINATION REPORT

SPECIAL ELECTION

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

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

X



Signature

8/5/08

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.

# WAIVER OF REPORT

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

(PLEASE TYPE)

G. EDWIN TINKLE II  
11180 BENT PINE DR  
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

101

GATEWAY CDD-2

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

### TYPE OF REPORT (Check Appropriate Box)

#### QUARTERLY REPORTS

- January  
 April  
 July  
 October

#### PRIMARY ELECTION

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

#### GENERAL ELECTION

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

- TERMINATION REPORT  
 SPECIAL ELECTION

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

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

X

Signature

7/24/08

Date

#### SIGNATURES REQUIRED FOR:

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

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

08 JUL 24 PM 12:11 SGE Lee Co F1