


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	TYLER, DEWEY A 209 SEATON AVE LEHIGH ACRES FL 33936	111668709
Residence Address		
City and Zip Code		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.	
Telephone Number(s) (Daytime)	239-823-2683	OR
Email Address	mastertyler+kd@hotmail.com	
Office Sought	ECWCD SEAT 3	
Area, District, Group Or Seat Number	SEAT 3	
Political Party (If Applicable)	NON	
Date Of Birth Or Voter ID #	7-9-62	
Date	3-17-08	
Candidate Signature		

FORM PR17 PM 0304 SIDE Lee Co Fl

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

<p>STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)</p> <p>(PLEASE TYPE)</p>	<p>OFFICE USE ONLY</p>
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CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate DEWEY TYLER	1. Address (include post office box or street, city, state, zip code) 209 SEATON AVE LEHIGH ACRES FL 33936
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Telephone (optional) (239) 823-2683	2. Party (Partisan candidates only) NON PARTISAN	3. Office (add district, circuit, group number) ECWCD SEAT 3
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
DEWY TYLER

5. Mailing Address (If post office box or drawer add street address) 209 SEATON AVE	6. Telephone 239-823-2683
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7. City LEHIGH ACRES	8. County LEE	9. State FL	10. Zip Code 33936
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank WACHOVIA	12. Street Address 1130 HOMESTEAD RD
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13. City LEHIGH ACRES	14. County LEE	15. State FL	16. Zip Code 339
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17. Signature of Candidate X 	Date 03-17-2008
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Campaign Treasurer's Acceptance of Appointment

I, DEWEY TYLER, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of DEWEY TYLER

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

ECWCD SEAT 3

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.

<u>03-17-08</u> Date	X  Signature of Campaign Treasurer or Deputy Treasurer
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FORM 12 PM 0304 SDF 1 ee Co FI

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

111668709

TYLER, DEWEY A
209 SEATON AVE
LEHIGH ACRES FL 33936

I, _____, a candidate for the
(print name)

special district office of: ECWCD SEAT 3
(district name and district #, seat #, or area#)

in the November 4, 2008 General Election. I understand that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

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, I am prohibited from 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, I understand that I will be required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository) 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

3/17/08
Date

FORM 17M0304 SIDE Lee Co FL

SCANNED

DUE: ~~3/15/08~~

OFFICE USE ONLY


STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, DEWEY TYLER,
candidate for the office of ECWCD SEAT 3;

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

X 

Signature of Candidate

03-15-08

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).

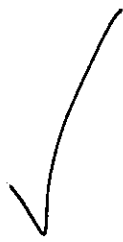
**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Lee COUNTY

OFFICE USE ONLY



08 JUN 16 PM 02:03 SDE Lee Co FL

I,

DEWEY A TYLER
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, DEWEY TYLER
(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 ECUCO SEAT #3,
(office) (district) (group)

My legal residence is 209 SEATON AVE 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) 823-2683 MASTER TYLER TKD @ [unclear]

Signature of Candidate

Daytime Telephone Number

Email Address

209 SEATON AVE Lee FL 33935

Address

City

State

ZIP Code

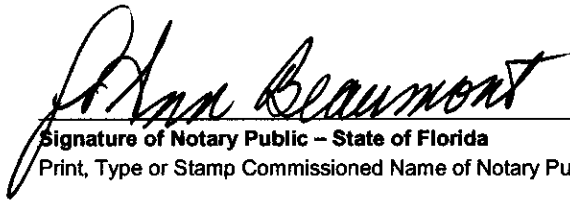
Sworn to (or affirmed) and subscribed before me this 16 day of June, 2008.

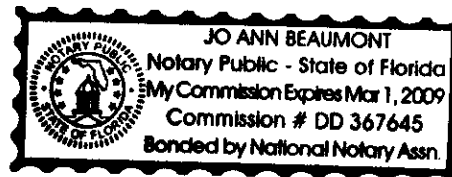
Personally Known: _____ or

Produced Identification:

Type of Identification Produced:

FL DL# T 460 161622490


Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



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

FINANCIAL INTERESTS

ORIGINAL

08 JUN 16 PM 02:03 SDE Lee Co FL

LAST NAME -- FIRST NAME -- MIDDLE NAME :

TYLER DEWEY A

FOR OFFICE USE ONLY:

MAILING ADDRESS :

209 SEATON AVE

ID Code

LEIGHT ACRES FL 33936 LEE

ID No.

CITY: ZIP: COUNTY:

Conf. Code

NAME OF AGENCY : EAST COUNTY WATER CONTROL DISTRICT

P. Req. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Board of Supervisor
ECWCD 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

****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
TACKWOOD, TEACHER	205 JOEL BLVD #300	SELF DEFENSE

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
N/A			

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

209 SEATON AVE	AUG (RESIDENT)
LEIGHT ACRES FL 33936	

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 must file are described on page 4.

SCANNED

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

TAEKUN RD EQUIPMENT	TYLER'S TAEKUN RD CENTER INC
SAVING & CHECKING	WINSTONIA

PART E -- LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR


AMERICAN GENERAL	P.O. Box 742536 Cincinnati OH 45274
Citi BUSINESS CARD	P.O. Box 6537 THE LAKES NV 88901
AMECICA SER Co	P.O. Box 1820 NEWARK NJ 0701

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	N/A		
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):

6/16/08

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 68

(1) DEWEY TYLER
Name

(2) 209 SEATON AVE, LEHIGH ACRES, FL 33936
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-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

(3) ID Number

**FINAL
REPORT**

(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	\$	<u>20.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>20.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>140.08</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>140.08</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 3,220.00

(10) TOTAL Monetary Expenditures To Date
\$ 3,220.00

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DEWEY TYLER (2) I.D. Number 68

(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) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
12/2/2008 / /	LEE COUNTY PERMITS, I PO BOX 98 FORT MYERS, FL 33902		refund	RE			\$20.00
1							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DEWEY TYLER

(2) I.D. Number 68

(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					
12/2/2008 //	TYLER, DEWEY A 209 SEATON LEHGH ACRES, FL 33936	pay loan	DI		\$140.08
1					
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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY 68

(1) DEWEY TYLER

Name

(2) 209 SEATON AVE, LEHIGH ACRES, FL 33936

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-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 \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 788.90
Transfers to Office Account \$ 0.00
Total Monetary \$ 788.90

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,200.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,079.92

(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)

DEWEY TYLER

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Signature  10/22/08

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

(Type name)

DEWEY TYLER

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

X Signature  10/22/08

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DEWEY TYLER (2) I.D. Number 68

(3) Cover Period 10/11/2008 through 10/30/2008 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) 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 DEWEY TYLER

(2) I.D. Number 68

(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					
10/21/2008 / /	EAST SIDE PRINTING, 53 HOMESTEAD RD N LEHIGH ACRES, FL 33936	ad	MO		\$720.00
1					
10/22/2008 / /	ARTYPE, INCE, 3530 WORK DR FORT MYERS, FL 33916	signs	MO		\$68.90
2					
/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEWEY TYLER (2) I.D. Number 68
 (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
10/3/2008 / /	DEWEY TYLER, 209 SEATON AVE LEHIGH ACRES, FL 33936	I	candidate	CH			\$900.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DEWEY TYLER (2) I.D. Number 68
 (3) Cover Period 9/27/2008 through 10/10/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/7/2008 //	LEE COUNTY PERMITS, PO BOX 398 FORT MYERS, 33	deposit for signs permits	MO		\$20.00
1					
10/7/2008 //	LEE COUNTY ELECTION, PO BOX 2545 FORT MYERS, FL 33902	subscript ab ion	MO		\$75.00
2					
10/1/2008 //	EAST SIDE PRINTING, 53 HOMSTEAD RD N LEHIGH ACRES, FL 33936	printing	MO		\$160.00
3					
10/10/2008 //	ARTYPE, INC, 3530 WORK DRIVE FORT MYERS, FL 33916	signs and stands	MO		\$616.92
4					
//					
//					
//					
//					

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

(1) DEWEY TYLER
Name

(2) 209 SEATON AVE, LEHIGH ACRES, FL 33936
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-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

08SEP20PM0356 SDEL Lee Co FI

(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>479.65</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>479.65</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 2,300.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,419.10

(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) DEWEY TYLER

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X [Signature] 9/30/08
Signature

X [Signature] 9/30/08
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEWEY TYLER (2) I.D. Number 68

(3) Cover Period 9/13/2008 / / through 9/26/2008 / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) 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 DEWEY TYLER (2) I.D. Number 68
 (3) Cover Period 9/13/2008 through 9/26/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9/19/2008 //	ARTYPE, INC, 3530 WORK DR FT.MYERS, FL 33916	signs	MO		\$479.65
1					
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DEWEY TYLER
Name

(2) 209 SEATON AVE, LEHIGH ACRES, FL 33936
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY 68
✓

(4) Check appropriate box(es):

- Candidate (office sought): EAST COUNTY WATER CONTROL-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 8/22/2008 To 9/12/2008 / Report Type G1

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>186.24</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>186.24</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 2,300.00

(10) TOTAL Monetary Expenditures To Date
\$ 939.45

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

X _____ 9/15/08
Signature

08SEP15PM021330EL see Co F1

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEWEY TYLER (2) I.D. Number 68

8/22/2008 through 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			
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

108SEP15PM0213 SDE Lee Co Fl

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DEWEY TYLER (2) I.D. Number 68
 (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
8/26/2008 / / 1	EAST SIDE PRINTING, 53 HOMESTEAD RD N LEHIGH ACRES, FL 33936	printing services	MO		\$160.00
9/5/2008 / / 2	EAST SIDE PRINTING, 53 HOMESTEAD RD N LEHIGH ACRES, FL 33936	printing services	MO		\$26.24
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

*08SEP15PM0213 SDE Lee Co F1

WAIVER OF REPORT

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

(PLEASE TYPE)

DEWEY TYLER
209 SEATON AVE
LEHIGH ACRES, FL 33936

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

68

EAST COUNTY WATER CONTROL-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

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

TERMINATION REPORT

SPECIAL ELECTION

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

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

X


Signature

8/15/08
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.

08AUG15PM0122 SDE Lee Co Fl

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

DBP1JG04PH0330 SDE Lee Co FI

(1) DEWEY TYLER
Name

(2) 209 SEATON AVE, LEHIGH ACRES, FL 33936
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 68

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-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 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 \$ 2,000.00

Total Monetary \$ 2,000.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 540.46

Transfers to Office Account \$ 0.00

Total Monetary \$ 540.46

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,300.00

(10) TOTAL Monetary Expenditures To Date

\$ 753.21

(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

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

(1) DEWEY TYLER
Name
(2) 209 SEATON AVE, LEHIGH ACRES, FL 33936
Address (number and street)
City, State, Zip Code

OFFICE USE ONLY 68
✓

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): EAST COUNTY WATER CONTROL-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 4/1/2008 To 7/18/2008 / Report Type F1

- Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT
Cash & Checks \$ 0.00
Loans \$ 300.00
Total Monetary \$ 300.00
In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT
Monetary Expenditures \$ 212.75
Transfers to Office Account \$ 0.00
Total Monetary \$ 212.75

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 300.00

(10) TOTAL Monetary Expenditures To Date
\$ 212.75

(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)

- Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X [Signature]
Signature

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DEWEY TYLER (2) I.D. Number 68

4/1/2008 through 7/18/2008

(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)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
5/19/2008 / /	TYLER, DEWEY A 209 SEATON AVE LEHIGH, FL 33936	I	candidate	LO			\$300.00
1							
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/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DEWEY TYLER

(2) I.D. Number 68

(3) Cover Period 4/1/2008 through 7/18/2008

(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					
5/19/2008 //	SOUTH SEAS T'S, 2213 ANDREA LANE 105 FORT MYERS, FL 33912	t shirts	MO		\$100.00
1					
7/2/2008 //	EAST SIDE PRINTING, 53 HOMESTEAD ROAD N LEHIGH, FL 33936	printing services	MO		\$112.75
2					
//					
//					
//					
//					
//					
//					
//					