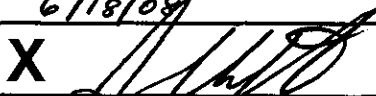
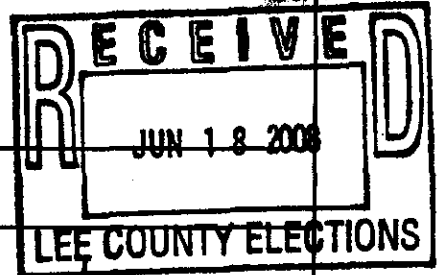


aaa ✓

PAID

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

| | | | |
|--------------------------------------|---|----|--|
| Candidate Name | Joseph Ursitti | | |
| Residence Address | 6833 Fairview St. | | |
| City and Zip Code | Fort Myers, FL. 33966 | | |
| Mailing Address (if different) | <input checked="" type="checkbox"/> Check if same as above. | | |
| Telephone Number(s) (Daytime) | (239) 872-7518 | OR | |
| Email Address | FireLt77@comcast.net | | |
| Office Sought | Fire Commissioner | | |
| Area, District, Group Or Seat Number | South Trail Fire Control #4 | | |
| Political Party (If Applicable) | Republican NON | | |
| Date Of Birth Or Voter ID # | 12/9/64 | | |
| Date | 6/18/09 | | |
| Candidate Signature | X  | | |



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

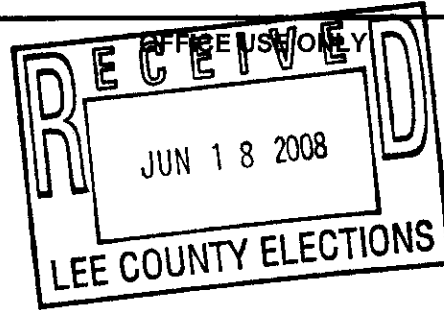
Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

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

SCANNEL

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)



CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Joseph Ursitti
1. Address (include post office box or street, city, state, zip code):
6833 Fairview St.
Fort Myers, FL 33966

Telephone (optional): (239) 872-7518
2. Party (Partisan candidates only): Republican
3. Office (add district, circuit, group number):

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

4. Name of Treasurer or Deputy Treasurer:
Joe Ursitti

5. Mailing Address (If post office box or drawer add street address):
6833 Fairview St
6. Telephone:

7. City: Fort Myers 8. County: Lee 9. State: FL 10. Zip Code: 33966

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

11. Name of Bank: Edison National Bank
12. Street Address: 2105 First St

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

17. Signature of Candidate: X [Signature] Date: 6-18-08

Campaign Treasurer's Acceptance of Appointment

I, Joseph Ursitti, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of _____

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

South Trail Fire #4 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.**

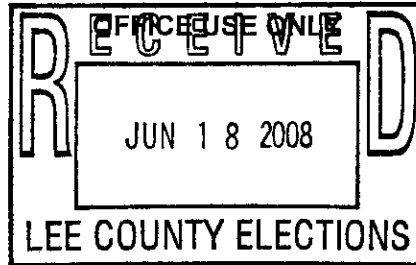
6-18-08
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)


(Please Type)



I, Joseph Ursitti,

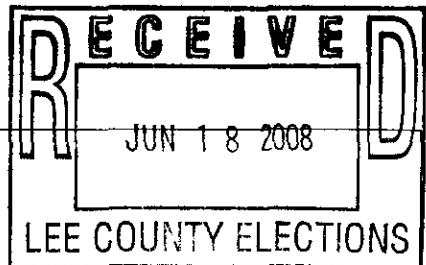
candidate for the office of Fire Commissioner;

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

X 
Signature of Candidate

6/18/08
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).



AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee


I, Joseph Ursitti, a candidate for the
(print name)

special district office of: South Trail Fire Control #4
(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

6/18/08
Date

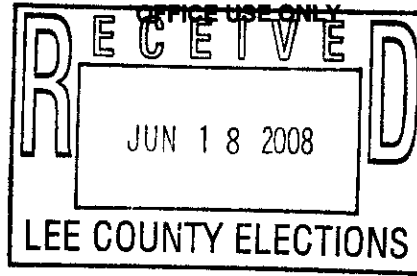
SCANNED

**CANDIDATE FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

_____, COUNTY



I, Joseph _____ Ursitti
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, Joe Ursitti
(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 Fire Commissioner South Trail #4
(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) 872-7518
Signature of Candidate Daytime Telephone Number

6833 Fairview St. Fort Myers FL 33966
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 18 day of June, 2008.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:
FL DL # U 623 480 64 4490

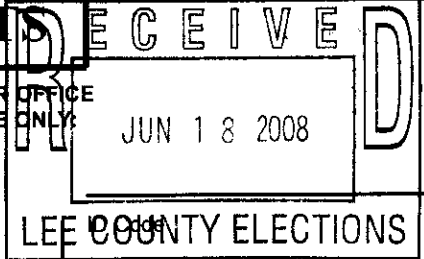
[Signature]
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



SCANNED

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

FINANCIAL INTERESTS



LAST NAME -- FIRST NAME -- MIDDLE NAME :

111516814

FOR OFFICE USE ONLY:

JUN 18 2008

LEE COUNTY ELECTIONS

ID No.

Conf. Code

P. Req. Code

URSITTI, JOSEPH
6833 FAIRVIEW ST
FORT MYERS FL 33966

CITY: ZIP: COUNTY:

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

South Trail Fire Control #4

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 |
|--------------------------|-------------------------|---|
| Tom McGregor F.D. | 6061 South Pecker Blvd. | Captain |
| | | |
| | | |
| | | |

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

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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 2.

SCANNED

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

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

*Janus
457*

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):

DATE SIGNED (required):

[Handwritten Signature]

6/18/08

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 98

(1) JOE URSITTI

Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

FINAL REPORT

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SOUTH TRAIL FIRE-4

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 \$ 379.53

Transfers to Office Account \$ 0.00

Total Monetary \$ 379.53

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,164.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,164.00

(11) CERTIFICATION

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

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

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

(Type name)

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

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOR URSTTTI (2) I.D. Number 98

(3) Cover Period 10/31/2008 through 2/2/2009 (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 | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|------------|---------------------|-----------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | |
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CAMPAIGN TREASURER'S REPORT -- ITEMIZED EXPENDITURES

(1) Name JOE URSITTI (2) LD. Number 98
 10/31/2008 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) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 11/11/2008 / / | I.A.F.F Fire PAC Non-Fed Acct, IAFF 1750 New York Avenue NW Washington, DC 20006 | donation of remainder of campaign acct. | MO | | \$379.53 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JOE URSITTI

Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 98

0810131AM1046 SDR Lee Co FI

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): SOUTH TRAIL FIRE-4
- 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 \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,927.46

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,927.46

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 3,164.00

(10) TOTAL Monetary Expenditures To Date
\$ 2,784.47

(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

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)

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name KPEI VST.JULU (2) I.D. Number 9
 2102203119 2104103119
 (3) Cover Period / / through / / (4) Page 2 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 | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name KPF! VSTJUJ 2102203119 2104103119

(2) I.D. Number _____ : 9

(3) Cover Period _____ / ____ / ____ through _____ / ____ / ____

(4) Page 2 of 2

| (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 | | | | | |
| 2102603119 // | HCTJ! Jogpsnbuj po Tf swj df t - Jod/ - 22626! D bsnj f! Uf ssbdf Qpsu! Nzf st - ! GM 44: 18. 4165 | qbpt ubhf gps nbj rrf st | NP | | !!! 92-936/61 |
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| 2103803119 // | Dpt udp- 8282! Dzqsftt! rnl f! Es/ Qpsu! Nzf st - ! GM 44: 19 | xbuf s! boe! t obdl t! gps! qprmm xpsl f st | NP | | !!!! 9212/ : 7 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 98

(1) JOE URSITTI
Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SOUTH TRAIL FIRE-4

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 \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4.77

Transfers to Office Account \$ 0.00

Total Monetary \$ 4.77

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,164.00

(10) TOTAL Monetary Expenditures To Date

\$ 857.01

(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.

(Type name) Joseph Ursitti
 Individual (only for electioneering communs) Treasurer Deputy Treasurer

[Signature]
Signature

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

(Type name) Joseph Ursitti
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

[Signature]
Signature

03001790358 SEE LEE OFI

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOE URSITTI

(2) I.D. Number 98

(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 | | | | | |
| 10/2/2008 // | Artype, Inc., 3530 Work Dr. Port Myers, FL 33916 | unpaid balance | MO | | \$4.77 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOE URSITTI

(2) LD. Number 98

(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 | | | | | |
| 10/2/2008 // | Artype, Inc., 3530 Work Dr. Fort Myers, FL 33916 | unpaid balance | MO | | \$4.77 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 98

(1) JOE URSITTI
Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SOUTH TRAIL FIRE-4

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 \$ 544.00

Loans \$ 0.00

Total Monetary \$ 544.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 852.24

Transfers to Office Account \$ 0.00

Total Monetary \$ 852.24

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,664.00

(10) TOTAL Monetary Expenditures To Date

\$ 852.24

(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

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)

Signature

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name JOE URSITTI (2) I.D. Number 98

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) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|---|-----------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | | | |
| 9/18/2008 / / | Florida Professional Firefight, Florida Fire PAC 345 West Madison St. Tallahassee, FL 32301 | C | Fire org pol comm. | CH | | | \$500.00 |
| 1 | | | | | | | |
| 9/18/2008 / / | Evans, Thomas 3710 Little Creek Drive Fort Myers, FL 33905 | I | | CA | | | \$10.00 |
| 2 | | | | | | | |
| 9/18/2008 / / | Kirkland, Brian 14061 St. Kitts Drive Fort Myers, FL 33905 | I | | CA | | | \$4.00 |
| 3 | | | | | | | |
| 9/18/2008 / / | Givens, Ronald 2521 NW 6th Terr. Cape Coral, FL 33993 | I | | CA | | | \$10.00 |
| 4 | | | | | | | |
| 9/18/2008 / / | Erwin, Steven 1525 Tom Cocker Rd. SW LaBelle, FL 33935 | I | | CA | | | \$5.00 |
| 5 | | | | | | | |
| 9/18/2008 / / | Seneca, Matthew 520 SE 14th Terr. Cape Coral, FL 33990 | I | | CA | | | \$15.00 |
| 6 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOE URSITTI (2) LD. Number 98
 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 |
|----------------------|--|--|----------------------------|-------------------|----------------|
| 9/15/2008 // 1 | Artype, Inc., 3530 Work Dr. Port Myers, FL 33916 | 100 yard signs, 6100 mailers, and 5000 palm cards | MO | | \$852.24 |
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JOE URSITTI
Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 98

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SOUTH TRAIL FIRE-4

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 \$ 1,120.00

Loans \$ 0.00

Total Monetary \$ 1,120.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,120.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

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

(Type name)

Individual (only for electioneering commin.) Treasurer Deputy Treasurer

(Type name)

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

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOR URSITTI (2) I.D. Number 98
 8/22/2008 9/12/2008
 (3) Cover Period / / through / / (4) Page 1 of 3

| (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 |
|---------------------------|---|---|--------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | | | |
| 9/5/2008 / / 1 | Southwest Fla. Prof. FFs, Local 1826 2030 W. First St. Suite C Fort Myers, FL 33901 | B | firefight er union | CH | | | \$500.00 |
| 9/11/2008 / / 2 | Becker, William 11351 Salix Ct. Fort Myers, FL 33912 | I | firefight er | CH | | | \$400.00 |
| 9/11/2008 / / 3 | Alexander, Timothy 450 South Davis Street LaBelle, FL 33935 | I | | CA | | | \$20.00 |
| 9/11/2008 / / 4 | Anderson, Todd 8200 Hunters Glen Cir. North Fort Myers, FL 33917 | I | | CA | | | \$10.00 |
| 9/11/2008 / / 5 | Gugliuzza, Joe 14271 Bum Bum Creek Ct. North Fort Myers, FL 33903 | I | | CH | | | \$10.00 |
| 9/11/2008 / / 6 | Bollen, Dave 11831 Tawas Ct. Bokeelia, FL 33922 | I | | CA | | | \$10.00 |
| 9/11/2008 / / 7 | Endersbee, Mike 18026 Leetana Rd. Fort Myers, FL 33917 | I | | CA | | | \$10.00 |
| 9/11/2008 / / 8 | Griffin, Kerry 325 Bellair Rd. Fort Myers, FL 33905 | I | | CA | | | \$10.00 |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOE IIRSLITTI (2) I.D. Number _____
 8/22/2008 9/12/2008
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 2 of 3

| (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 |
|---------------------------|--|---|--|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | | | |
| 9/11/2008 / / | Hannon, Mike 2647 Sunvale Ct. Cape Coral, FL 33991 | I | | CA | | | \$10.00 |
| 9 | | | | | | | |
| 9/11/2008 / / | Hoffman, Bryce 2002 NE 7th Ave. Cape Coral, FL 33909 | I | | CA | | | \$10.00 |
| 10 | | | | | | | |
| 9/11/2008 / / | Krause, Steve 6431 Castlewood Circle Fort Myers, FL 33905 | I | | CA | | | \$5.00 |
| 11 | | | | | | | |
| 9/11/2008 / / | LeBarre, Dustyn 6521 Highland Pines Circle Fort Myers, FL 33912 | I | | CA | | | \$10.00 |
| 12 | | | | | | | |
| 9/11/2008 / / | Lewis, Mike 5546 Butte St. Lehigh Acres, FL 33971 | I | | CA | | | \$20.00 |
| 13 | | | | | | | |
| 9/11/2008 / / | McMullen, Mack 3609 SE 4th Ave. Cape Coral, FL 33904 | I | | CA | | | \$10.00 |
| 14 | | | | | | | |
| 9/11/2008 / / | Memoli, Charles 991 Aqua Ln. Fort Myers, FL 33919 | I | | CA | | | \$10.00 |
| 15 | | | | | | | |
| 9/11/2008 / / | Reed, Richard 21378 Grayton Terr. Port Charlotte, FL 33954 | I | | CA | | | \$10.00 |
| 16 | | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOR JURSI (2) I.D. Number _____

(3) Cover Period 8/22/2008 through 9/12/2008 (4) Page 3 of 3

| (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 | | |
| 9/11/2008 / / | Schram, Robert 6532 Hartland St. Fort Myers, FL 33912 | I | | CA | | | \$10.00 |
| 17 | | | | | | | |
| 9/11/2008 / / | Thomas, Michael 308 Hamilton Ave. Lehigh Acres, FL 33936 | I | | CA | | | \$5.00 |
| 18 | | | | | | | |
| 9/11/2008 / / | Wolfe, Christopher 150 SE 11th Terrace Cape Coral, FL 33990 | I | | CA | | | \$10.00 |
| 19 | | | | | | | |
| 9/11/2008 / / | Moore, Casey Address Withheld Pursuant to Statute 119.07 | I | | CA | | | \$10.00 |
| 20 | | | | | | | |
| 9/11/2008 / / | McKinnon, Ed Address Withheld Pursuant to Statute, 119.07 | I | | CA | | | \$10.00 |
| 21 | | | | | | | |
| 9/11/2008 / / | Barth, Dana 3805 SW 19 Place Cape Coral, FL 33914 | I | | CA | | | \$20.00 |
| 22 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOE URSITTI

(2) LD. Number 98

(3) Cover Period 8/22/2008 through 9/12/2008

(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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WAIVER OF REPORT

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

(PLEASE TYPE)

JOE URSITTI
6833 FAIRVIEW ST
FORT MYERS, FL 33966

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

OFFICE USE ONLY
98

SOUTH TRAIL FIRE-4

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

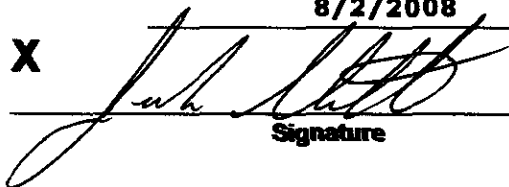
- 46th day prior
 32nd day prior
 18th day prior
 4th day prior

- TERMINATION REPORT
 SPECIAL ELECTION

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

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

X


Signature

8/19/08
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.

08/19/21 PM 12:59 SDE Lee Co F1

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

OFFICE USE ONLY 98

**AMENDED
REPORT**

(1) JOE URSITTI
Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SOUTH TRAIL FIRE-4

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 \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,120.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

(Type name)

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

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOE URSITTI (2) I.D. Number 98

(3) Cover Period 7/19/2008 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) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|------------------|---|---|--------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 7/22/2008 / / | SWFL Professional Firefighters, Local 1826 2030 West First Street Suite #C Fort Myers, FL 33901 | B | firefighters union | CH | | Delete | \$500.00 |
| 1 | | | | | | | |
| 7/22/2008 / / | Florida Professional Fire Figh, Florida Fire PAC 345 West Madison St Tallahassee, FL 32301 | C | fire org pol comm | CH | | Add | \$500.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOE URSITTI (2) I.D. Number 98
 (3) Cover Period 7/19/2008 through 8/1/2008 (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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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) JOE URSITTI
Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SOUTH TRAIL FIRE-4

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 \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

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

(Type name)

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

X
Signature

*08JUL29PM0255 SDE Lee Co F1

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOE URSITTI (2) I.D. Number 98

7/19/2008 8/1/2008

(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 | | | |
| 7/22/2008 / / 1 | SWFL Professional Firefighters, Local 1826 2030 West First Street Suite #C Fort Myers, FL 33901 | B | Firefight ers union | CH | | | \$500.00 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JOE URSITTI

(2) I.D. Number 98

(3) Cover Period 7/19/2008 through 8/1/2008

(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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Mr. & Mrs. Joseph Ursitti
6833 Fairview St.
Fort Myers, FL 33966

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25 JUL 2008 PM 1 T

NOT POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

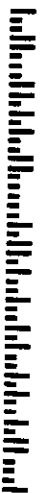


BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1021 FORT MYERS, FL

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

FD-00007305 952046271780.



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

OFFICE USE ONLY 98

ORIGINAL

(1) JOE URSITTI
Name

(2) 6833 FAIRVIEW ST, FORT MYERS, FL 33966
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): SOUTH TRAIL FIRE-4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

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

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

| | | |
|----------------|----|---------------|
| Cash & Checks | \$ | <u>500.00</u> |
| Loans | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>500.00</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

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(11) CERTIFICATION

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

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
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)

[Signature]
Signature

08 JUL 02 PM 10 29 SDE Lee Co F1

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOE URSITTI (2) I.D. Number 98

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) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|---|--------------------|---------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | | | | |
| 6/30/2008 / / 1 | SWFL PROFESSIONAL FIREFIGHTERS, LOCAL 1826 2030 WEST FIRST ST #C FORT MYERS, FL 33901 | B | fire fighters union | CH | | | \$500.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOE URSITTI

(2) I.D. Number 98

4/1/2008 through 7/18/2008

(3) Cover Period / / through / /

(4) Page 1 of 0

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