

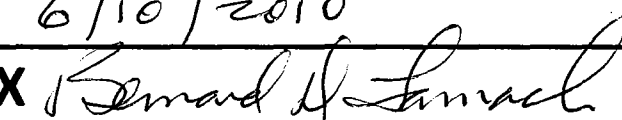
LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

(PLEASE CHECK ONE)

BERNIE LAMACH

Candidate Name	BERNARD D. (BERNIE) LAMACH		
Residence Address	5309 SHALLEY CIR.		
City and Zip Code	FT MYERS, FL, 33919		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239 590-0395	OR	
Email Address	blamach@yahoo.com		
Office Sought	COMMISSIONER JONA-MCGREGOR FIVE DIST.		
Area, District, Group Or Seat Number	SEAT 5		
Political Party (if applicable for office sought)	N/A		
Date Of Birth Or Voter ID #	10/10/34 10/10/1934 -		
Date	6/10/2010		
Candidate Signature	X 		

All information on this form becomes a public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

*10JUN10PH0250 SDEL Lee Co Fl

*10JUN14PH0105 SDEL Lee Co Fl

**AFFIDAVIT OF INTENT
LEE COUNTY
SPECIAL DISTRICT CANDIDATE**

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida
County of Lee

I, BERNARD D. LAMACH, am a candidate for the Special District
(print name)

office of: COMMISSIONER, JONIA-McGREGOR F. DIST, SEAT 5
(include district name and district, seat, area or group#)

in the November 2010 General Election. I understand that my campaign expense, from
(date of election)
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.

Provided that 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 Bernard D. Lamach
Signature of Candidate

6/10/2010
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."

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10JUN14PM0105 SIDE Lee Co F1

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

LAMACH, BERNARD D
5309 SHALLEY CIR
FORT MYERS FL 33919

111358147

I, BERNARD D. LAMACH,

candidate for the office of COMMISSIONER, IRLA-MCGREGOR FD,
SEAT 5

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Bernard D. Lamach

Signature of Candidate

6/10/2010

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).

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10JUN10P01055DEL ee Co FI

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

111358147

LAMACH, BERNARD D
5309 SHALLEY CIR
FORT MYERS FL 33919

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

BERNARD D. LAMACH

3. Address (include post office box or street, city, state, zip code)

5309 SHALLEY CIR
FT MYERS, FL
33919

4. Telephone (optional)

(239) 590-0395

5. E-mail address (optional)

blamach@yahoo.com

6. Office sought (include district, circuit, group number)

COMMISSIONER
IONA-Mc GREGOR FIRE DIST,
SECT 5

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

DEBORAH A LAMACH

11. Mailing Address (If post office box or drawer, also include street address)

5309 SHALLEY CIR.

12. Telephone

(239) 590-0395

13. City

FT MYERS

14. County

LEE

15. State

FL

16. Zip Code

33919

17. E-mail address (optional)

dlamach@yahoo.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

EDISON BANK

20. Street Address

13000 SO. CLEVELAND

21. City

FT MYERS

22. County

LEE

23. State

FL

24. Zip Code

33907

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/10/2010

26. Signature of Candidate

X Bernard D Lamach

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Deborah A. Lamach, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/10/2010
Date

X Deborah A. Lamach
Signature of Campaign Treasurer or Deputy Treasurer

10 JUN 20 09 25 05 SEE Lee Co F-1

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

111358147

LAMACH, BERNARD D
5309 SHALLEY CIR
FORT MYERS FL 33919

I, <u>Bernard</u>	<u>D</u>	<u>LAMACH</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [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.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Bernie LAMACH
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of TONA-McGregor FC Dist.
(office) (district)
Seat 5; I am a qualified elector of Lee County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

Bernard D. Lamach (239) 590-0395 blamach@yahoo.com
Signature of Candidate Telephone Number Email Address

5309 SHALLEY CIR. FT MYERS FL 33919
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 10 day of June, 2010.

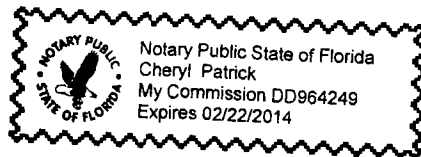
Personally Known: _____ or

Produced Identification: X

Type of Identification Produced:

FLDL

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



*10JUN10PH0250 SIDE Lee Co Fl

*10JUN14PH0105 SIDE Lee Co Fl

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

LAMACH BERNARD DEAN

MAILING ADDRESS :

5309 SHALLEY CIR.

CITY : ZIP : COUNTY :

FT. MYERS 33919 LEE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER, IONA-Mc GREGOR FIRE DIST.

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

*10JUN14PM0105 SDE L ee Co FI

****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, 2009 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]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FICA	U.S. GOVT	RETIREMENT BENEFITS
DEBRA DIAMOND	102 E. MAIN ST. BRADFORD NH	RETAIL GEN'L STORE

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

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
MORGAN STANLEY	MUTUAL FUND DIVIDEND	30 MAIN ST. BURLINGTON, VT	INVESTMENT SERVICES

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

(If you have nothing to report, you must write "none" or "n/a")

RESIDENCE, 5309 SHALLEY CIR.
 INV. PROPERTY, 8773 CHATHAM, FT MYERS

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

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

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

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

(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
First MORTGAGE DEBRA DIAMOND	COMMERCIAL PROPERTY 102 E. MAIN ST., BROADFORD, N.J.
MUTUAL FUNDS	MORGAN STANLEY, BURLINGTON, VT.
SAVINGS, MONEY MKT FUND	COMMUNITY BANK, FT MYERS, FL.

PART E — LIABILITIES [Major debts]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY		N/A	
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):

Bernard L. Linnach

DATE SIGNED (required):

6/10/2010

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.