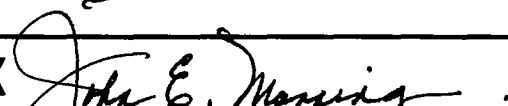


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL
 REVISED
 (PLEASE CHECK ONE)

Candidate Name	JOHN E. MANNING		
Residence Address	1200 S.W. 52 ND TERRACE		
City and Zip Code	CAPE CORAL, FL. 33914		
Mailing Address (if different)	<input type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-549-8053	OR	
Email Address	jemanning59@gmail.com		
Office Sought	Lee Commission District 1		
Area, District, Group Or Seat Number	Dist 1		
Political Party (if applicable for office sought)	REPUBLICAN		
Date Of Birth Or Voter ID #	6-28-50		
Date	6-14-10		
Candidate Signature	X 		

*10JUN15AM0852 SDE Lee Co FL

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.

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

MANNING, JOHN E
1200 SW 52ND TER
CAPE CORAL FL 33914

111496473

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

JOHN E. MANNING

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

1200 S.W. 52ND TERRACE
CAPE CORAL, FL. 33914

4. Telephone (optional)

(239) 549-8053

5. E-mail address (optional)

jemannings59@gmail.com

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

LEE COUNTY COMMISSION DISTRICT 1

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 REPUBLICAN Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Yvonne C. Werline

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

4507 SE 16th PL

12. Telephone

(239) 542-1976

13. City

Cape Coral

14. County

Lee

15. State

FL

16. Zip Code

33904

17. E-mail address (optional)

Yvonne@kmbcpa.com

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

19. Name of Bank

Bank of America

20. Street Address

407 Cape Coral Parkway W.

21. City

Cape Coral

22. County

Lee

23. State

FL

24. Zip Code

33914

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

6/14/10

26. Signature of Candidate

X *John E. Manning*

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

I, Yvonne C. Werline, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/14/10
Date

X *Yvonne C. Werline*
Signature of Campaign Treasurer or Deputy Treasurer

10 JUN 15 08:52 SDE [see Co-F1]

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

2.

MANNING, JOHN E
1200 SW 52ND TER
CAPE CORAL FL 33914

111496473

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

JOHN E. MANNING

3.
cc

MANNING, JOHN E
1200 SW 52ND TER
CAPE CORAL FL 33914

111496473

4. Telephone (optional)

239 549-8053

5. E-mail address (optional)

jemanning59@gmail.com

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

LEE COUNTY COMMISSION DISTRICT 1

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 REPUBLICAN Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

111496473

11. Mailing

MANNING, JOHN E
1200 SW 52ND TER
CAPE CORAL FL 33914

address)

12. Telephone

239 549-8053

13. City

i. Zip Code

17. E-mail address (optional)

jemanning59@gmail.com

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

19. Name of Bank

BANK OF AMERICA
LEE COUNTY
407 CAPE CORAL PARKWAY W
CAPE CORAL FL 33914

21. City

22. County

Zip Code

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

06/15/10

26. Signature of Candidate

X *John E. Manning*

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

I, JOHN E. MANNING, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/15/10
Date

X

John E. Manning
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please Type)

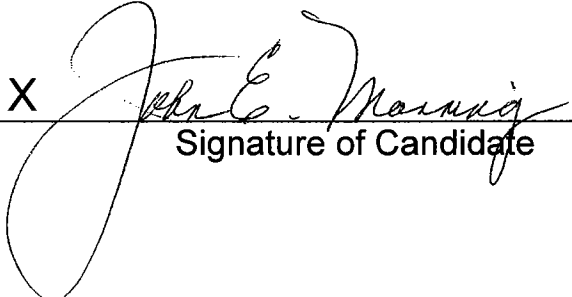
OFFICE USE ONLY

111496473

MANNING, JOHN E
1200 SW 52ND TER
CAPE CORAL FL 33914

I, JOHN E. MANNING,
candidate for the office of LEE COMMISSION DISTRICT 1;

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

X 
Signature of Candidate

6-14-10
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).

10JUN15AM0852 SDE Lee Co FI

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

I, <u>JOHN</u>	<u>EDWARD</u>	<u>MANNING</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, JOHN E. MANNING
(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 office of County Commission, 1, ,
(office) (district) (circuit)
; I am a qualified elector of Lee County, Florida; I am qualified
(group)

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.

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the REPUBLICAN Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

<u>X John E. Manning</u> Signature of Candidate	<u>(239) 549-8053</u> Telephone Number	<u>lemanning59@gmail.com</u> Email Address
<u>1200 S.W. 52ND TERRACE</u> Address	<u>CAPE CORAL</u> City	<u>FL. 33914</u> State ZIP Code

Sworn to (or affirmed) and subscribed before me this 14th day of June, 2010.

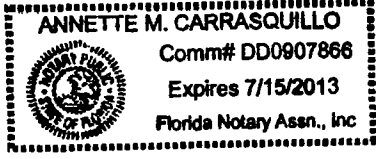
Personally Known: ✓ or

Produced Identification: NA

Type of Identification Produced:
NA

[Signature]
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



10JUN16AM0908 SDF Lee Co FL

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

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

FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

Manning John Edward

MAILING ADDRESS:

1200 S.W. 52ND TERRACE

CITY: ZIP: COUNTY:

Cape Coral, Fl. 33914 Lee

NAME OF AGENCY:

Lee County BOCC

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COMMISSIONER DISTRICT 1

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

TOUN15PM0908 SDF Lee Co Fl

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 6/14, 2010 was \$ 500,000

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 100,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<i>Home Cape Coral, Fl.</i>	<i>225,000</i>
<i>Home Cape Cod, MASS. (Bourne, MASS.)</i>	<i>450,000</i>
<i>Savings Account 5/3 Bank Cape Coral, Fl.</i>	<i>75,000</i>

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>MORTGAGE ON Cape Cod Home - BANK OF AMERICA</i>	<i>300,000</i>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N.A.</i>	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
MALCOLM Pirnie Inc	CORP. PARK DR. WHITE PLAINS, N.Y.	\$ 130,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N.A.		

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	N.A.		
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

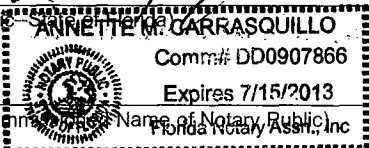
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 14th day of

June, 2010 by John E. Manning

Annette M. Garrasquillo
(Signature of Notary Public)



ANNETTE M. GARRASQUILLO
Comm# DD0907866
Expires 7/15/2013
(Print, Type, or Stamp Commission # and Name of Notary Public)

John E. Manning
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced NA

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.