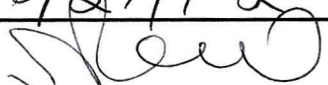


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL                       REVISED  
 (PLEASE CHECK ONE)

<b>Candidate Name</b>	REID, PETER THOMAS	115817781	12MAY24AM 8 45 SDE LEE CO FL
<b>Residence Address</b>	15 FAIRVIEW BLVD FORT MYERS BEACH FL 33931		
<b>City and Zip Code</b>			
<b>Mailing Address (if different)</b>	<input checked="" type="checkbox"/> Check if same as above.		
<b>Telephone Number(s) (Daytime)</b>	239 463 3086	OR	404 784 5201
<b>Email Address</b>	reidnorthsea@aol.com		
<b>Office Sought</b>	Fort Myers Beach Library District Board Seat 5.		
<b>Area, District, Group Or Seat Number</b>			
<b>Political Party (if applicable for office sought)</b>			
<b>Date Of Birth Or Voter ID #</b>	115817781		
<b>Date</b>	5/24/12		
<b>Candidate Signature</b>	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.

SCANNED

LEE COUNTY—FLORIDA  
AFFIDAVIT OF INTENT  
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

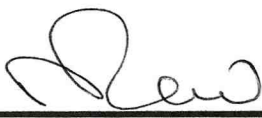
I, PETER THOMAS REID, am a candidate for the independent special district office of:  
(print name)

FORT MYERS BEACH LIBRARY DISTRICT BOARD SEAT  
(include district name AND .district, seat, area or group #)

in the November 6, 2012 General Election. I declare 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 the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, 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. I understand that 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 additional campaign expense, I understand that prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

X   
Signature of Candidate

2.16.12  
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."





\*12MAY21PM 1 52 SOE LEE CO F1

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

**REVISED**  
5/21/12

ACCEPTABLE FOR CHANGE  
IN DEPOSITORY - ONLY -

*Boyer*

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

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

PETER THOMAS REID

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

15 FAIRVIEW BLVD.  
FORT MYERS BEACH  
FL. 33931

4. Telephone

(239) 463 3086

5. E-mail address

reidnorthsea@aol.com

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

FORT MYERS BEACH LIBRARY  
DISTRICT BOARD SEAT 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

PETER THOMAS REID

11. Mailing Address

15 FAIRVIEW BLVD

12. Telephone

( )

13. City

FORT MYERS BEACH

14. County

LEE

15. State

FL

16. Zip Code

33931

17. E-mail address

reidnorthsea@aol.com

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

19. Name of Bank

BANK OF AMERICA

20. Address 7205 ESTERO BLVD. STE 704  
FORT MYERS BEACH FL 33931

21. City

22. County

LEE

23. State

FLORIDA

24. 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

5.21.12

26. Signature of Candidate

X *Boyer*

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

I, PETER THOMAS REID, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5.21.12  
Date

X *Boyer*  
Signature of Campaign Treasurer or Deputy Treasurer

**SCANNED**

SCANNED

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

\*12MAY 3 AM 9 06 SDE LEE CO F1

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form Re-filing to Change: [ ] Treasurer/Deputy [ ] Depository [ ] Office [ ] Party

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

PETER THOMAS REID

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

15 FAIRVIEW BLVD FORT MYERS BEACH FL 33931

4. Telephone

(239) 463 3086

5. E-mail address

reidnorthsea@aol.com

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

FORT MYERS BEACH LIBRARY DISTRICT BOARD SEAT 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 [X] Campaign Treasurer [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

PETER THOMAS REID

11. Mailing Address

15 FAIRVIEW BLVD

12. Telephone

(239) 463 3086

13. City

FORT MYERS BEACH

14. County

LEE

15. State

FL

16. Zip Code

33931

17. E-mail address

reidnorthsea@aol.com

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

19. Name of Bank

WELLS FARGO

20. Address

2815 ESTERO BLVD

21. City

FORT MYERS BEACH

22. County

LEE

23. State

FL

24. Zip Code

33931

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

4.23.2012

26. Signature of Candidate

[X] [Signature]

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

I, PETER THOMAS REID, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [ ] Deputy Treasurer.

4.23.2012

Date

[X]

[Signature] Signature of Campaign Treasurer or Deputy Treasurer



**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

**SCANNED**

12MAY 3 AM 9 05 SDE LEE CO

I, PETER THOMAS REID

candidate for the office of DIRECTOR - FORT MYERS BEACH LIBRARY DISTRICT SEAT 5

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

2.16.12

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).