

LEE COUNTY
SUPERVISOR OF ELECTIONS

REVISED

CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL REVISED
(PLEASE CHECK ONE)

SCANNED

| | |
|---|---|
| Candidate Name | TAMMRA HALL |
| Residence Address | 1721 NE 28th St |
| City and Zip Code | Cape Coral 33909 |
| Mailing Address (if different) | <input type="checkbox"/> CI 111550752 HALL, TAMMARA ANN P O BOX 1476 FORT MYERS FL 33902 |
| Telephone Number(s) (Daytime) | ²³⁹ 533-2226 |
| Email Address | Tammyhall@me.com |
| Office Sought | Lee Co Commissioner |
| Area, District, Group Or Seat Number | Seat 4 |
| Political Party (if applicable for office sought) | Rep |
| Date Of Birth Or Voter ID # | 111550752 |
| Date | 6/16/10 |
| Candidate Signature | X <i>T. Hall</i> |

*10JUN15PM101325DEL Lee Co F1

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.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

0500N17PH022050E1ee0-1

I, Tammy Hall,

candidate for the office of County Commissioner Dist 4;

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

X 
Signature of Candidate

6-8-09
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).

SCANNED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE TYPE)

OFFICE USE ONLY

09 JUN 17 PM 02:20:50 DE

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Tammy Hall
1. Address (include post office box or street, city, state, zip code): PO Box 1476 Fort Myers FL 33902

Telephone (optional): () 2. Party (Partisan candidates only): Republican
3. Office (add district, circuit, group number): County Commission Dist 4

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

4. Name of Treasurer or Deputy Treasurer: Doug Vaught

5. Mailing Address (If post office box or drawer add street address): 250 Granada Blvd
6. Telephone: 239-673-7413

7. City: Fort Myers 8. County: Lee 9. State: FL 10. Zip Code: 33905

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

11. Name of Bank: Wachovia Bank 12. Street Address: 1530 Hertman Street

13. City: Fort Myers 14. County: Lee 15. State: FL 16. Zip Code: 33901

17. Signature of Candidate: X [Signature] Date: 6-8-09

Campaign Treasurer's Acceptance of Appointment

I, Doug Vaught, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Tammy Hall

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

County Commissioner Dist 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.

6-11-09
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

111550752

HALL, TAMMARA ANN
P O BOX 1476
FORT MYERS FL 33902

I, TAMMARA ANN HALL
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, TAMMY HALL
(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 LEE COUNTY COMMISSIONER,
DISTRICT 4 (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.

X T Hall ()
Signature of Candidate Telephone Number

HALL, TAMMARA ANN
P O BOX 1476
FORT MYERS FL 33902

10JUN18PM0914SDE Lee Co Fl

111550752

Address City

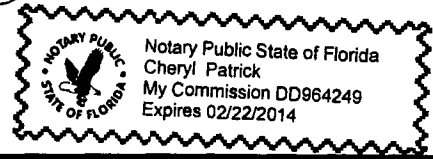
Sworn to (or affirmed) and subscribed before me this 18 day of June, 2010.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

C. J. Powell
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public



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:

HALL Tamara Ann

MAILING ADDRESS:

PO Box 1476

Fort Myers 33902 Lee

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Lee Co Commissioner Seat 4

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

SCANNED

ID Code

ID No.

Conf. Code

P. Req. Code

*10JUN16PM0133 SDE 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 12/31, 2009 was \$ - 318⁰⁰

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 \$ 110,510.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| City FM Retirement | 5,200 |
| Personal Residence | 199,560 |
| | |
| | |

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---------------------|
| Bank of America 390 Interlocken Crescent Broomfield Co 8002 | 258,662 |
| Helfferich Corp 25 Homestead Rd Lehigh FL 33436 | 56,926 |
| | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| N/A | |
| | |

PART D -- INCOME

SCANNED

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 |
|--|-----------------------------|----------|
| Co Co Govt | POB 398 FM FL 33962 | 84,190 w |
| | | |
| | | |
| | | |

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 | 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 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

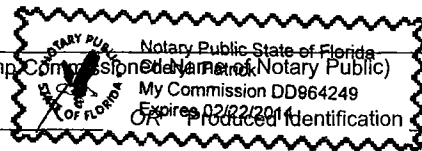
Sworn to (or affirmed) and subscribed before me this 16th day of

June, 2010 by Tammy Hall

[Signature]
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Expires and Name of Notary Public)

Personally Known OR Produced Identification



Type of Identification Produced _____

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.