

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL
 REVISED
 (PLEASE CHECK ONE)

12 JUN 5 PM 3 43 SDE LEE CO FL

Candidate Name	111514816		
Residence Address	BEEMAN, HARRY H 4938 SANTA MONICA CT CAPE CORAL FL 33904		
City and Zip Code			
Mailing Address (if different)	<input type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-549-1489	OR	_____
Email Address	UNCLESAMPATRIOT@GMAIL.COM		
Office Sought	Lee County Clerk of Court		
Area, District, Group Or Seat Number			
Political Party (if applicable for office sought)	APA Write-in		
Date Of Birth Or Voter ID #	08-23-1922		
Date	6/5/12		
Candidate Signature	X Harry H. Beeman		

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.

**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.

OFFICE USE ONLY

12 JUN 7 PM 4 03 50

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)
Harry H. Beeman

3. Address (include post office box or street, city, state, zip code)
4938 Santa Monica Ct., Cape Coral Fl, 33904

4. Telephone (239) 549-1489 5. E-mail address unclesampatriot@gmail.com

6. Office sought (include district, circuit, group number)
Lee County Clerk of Courts

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
Harry H. Beeman

11. Mailing Address 4938 Santa Monica Ct 12. Telephone (239) 549-1489

13. City Cape Coral 14. County LEE 15. State FL 16. Zip Code 33904 17. E-mail address unclesampatriot@gmail.com

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

19. Name of Bank Bank of America 20. Address 926 Cape Coral Pky E

21. City Cape Coral 22. County LEE 23. State FL 24. Zip Code 33904

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 6-7-12 26. Signature of Candidate X Harry H. Beeman

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Harry H. Beeman, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
6-7-12 Date X Harry H. Beeman Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

12 JUN 5 PM 3 43 SDE LEE OF FL

I, Harry H. Beeman ,

candidate for the office of Lee County Clerk of Courts ;

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

X Harry H. Beeman
Signature of Candidate

06/05/2012
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).

**CANDIDATE OATH -
WRITE-IN CANDIDATE**

(Not for use by Judicial or
School Board Candidates)

BEEMAN, HARRY H
4938 SANTA MONICA CT
CAPE CORAL FL 33904

111514816

12 JUN 5 PM 3 43 SE ELECT

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Harry H. Beeman
(PLEASE PRINT NAME)

am a write-in candidate for the office of Lee County Clerk of Courts, _____, _____,
(office) (district #) (circuit #)

_____ ; I am a qualified elector of Lee County, Florida; I am qualified
(group or seat #)

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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X Harry H. Beeman (239) 549-1489 unclesampatriot@gmail.com
Signature of Candidate Telephone Number Email Address

4938 Santa Monica Ct. Cape Coral FL 33904
Address City State ZIP Code

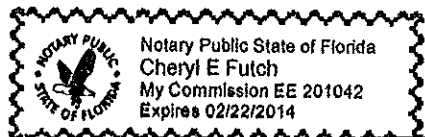
Candidate's Florida Voter Registration Number (located on your voter information card): 111514816

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 5 day of June, 2012.

Personally Known: _____ or
Produced Identification: X
Type of Identification Produced:
FLDL

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



FORM 6 FULL AND PUBLIC DISCLOSURE OF

2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

111514816

MAIL

BEEMAN, HARRY H
4938 SANTA MONICA CT
CAPE CORAL FL 33904

CITY

NAME OF AGENCY:

Lee County Clerk of Court

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12 JUN 7 AM 9 08 SDE LEE OF FL

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 6-6-2012 was \$ 6,000.

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 \$ 3,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
PERSONAL CAR BUICK 4 DOOR	3,000

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PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and 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 2011 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
INDIANAPOLIS FIRE DEPT. PENSION	504 N. NEW JERSEY ST. INDIANAPOLIS, IN	\$38,000 YR
SOC. SEC. PENSION CHECK	U.S. SOCIAL SEC. ADMIN.	8,200 YR
VETS ADMINISTRATION DISABILITY	U.S. VETS ADMINISTRATION	\$1,500 YR

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	NONE		

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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

STATE OF FLORIDA
 COUNTY OF Lee

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.

Sworn to (or affirmed) and subscribed before me this 7 day of

June, 2012 by HARRY BEEMAN

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

[Signature: Harry H. Beeman]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission No. of Notary Public State of Florida
 Expires 02/22/2014
 Personally Known X OR Produced Identification _____

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are local INSTRUCTIONS on who must file this form and how to fill it out begin OTHER FORMS you may need to file are described on page 6.

BEEMAN, HARRY H
 4938 SANTA MONICA CT
 CAPE CORAL FL 33904

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