ORIGINAL

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

REVISED

(Fleuse Check One)					
Candidate Name	Joseph A. Mikulka				
Residence Address	12484 Green Stone Court				
City and Zip Code	Fortmyers, FL. 33913				
Mailing Address (if different)	Check if same as above.				
Telephone Number(s) (Daytime)	239-725-1369 H	OR	237-292-1890 C		
Email Address	Jmikulka@comcastonet				
Office Sought	Gatemay Services CDD Seat 3 Board of Supervisors				
Area, District, Group Or Seat Number	Seat 3				
Political Party (if applicable for office sought)	Non Partisan				
Date Of Birth Or Voter ID #	Sept. 22, 1949				
Date	Jane 7, 2012				
Candidate Signature	X fought a.	Mil	tulka		

All candidate information 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 allaw the Lee County Supervisor af Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.



MIKULKA, JOSEPH ALAN 12484 GREEN STONE CT FORT MYERS FL 33913

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
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: Tr	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Toseph A. Mikuka 4. Telephone 5. E-mail address	code) 12484 Green stene count Fact murcs El 239/3
· · · · · · · · · · · · · · · · · · ·	Fort Myers, FL. 33913
(239)225-1369 jmiKulka@comastu	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Gateway services CDD seat #	applicable: My intent is to run as a Write In condidate
· · · · · · · · · · · · · · · · · · ·	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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	!
Joseph A. Mikulka	
11. Mailing Address	12. Telephone
12484 Green Stene Ct. Forty	
13. City 14. County 15. Sta	te 16 Zin Code 17 E-mail address
Fortmans Lee FL	33913 2 mikulka ocomcastinet
18. I have designated the following bank as my	Primary Depository Secondary Depository
10. 144.115 01 24.11	20. Address
wells Fargo	5765 Lee Boulevard
21. City Letish Acires 22. County	25. State 24. 219 Code
Fort Myons Lee	Florida
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE	FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND AND THAT THE FACTS STATED IN IT ARE TRUE.
	26. Signature of Candidate
6/7/2012	x Joseph a. Malka
27. Treasurer's Acceptance of Appointment	(fill in the blanks and check the appropriate block)
Joseph A Mikulka	, do hereby accept the appointment
(Please Print or Type Name)	, a (1000)
designated above as: Campaign Treasurer	Deputy Treasurer.
6/7/28/2 X	Esseph a. Tripulla
Date	Signature of Campaign Treasurer or Deputy Treasurer

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

(print name)	1Ka_, am a candidate for the indepen	
Gateway Service	2S Community Option ude district name AND .district, seat, area or group #)	pment District

in the <u>November 6, 2012 General Election</u>. I declare that my <u>only campaign expense</u>, 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, <u>I will not be required to</u>: 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 <u>prior to doing so, I am required to file</u> 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 Joseph A. Mileuska Signoture of Candidate

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.

History 2007 HB537, FS 99.061, FS 106.021 Revised-4/20/11 (Lee County Special District Forms)

STATEMENT OF CANDIDATE

OFFICE USE ONLY

(Section 106.023, F.S.)

(Please print or type)

1. Joseph A. Mikulka

candidate for the office of Gateway Services CAD Seat #3;

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

X Signature of Candidate

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).

FORM 1

STATEMENT OF

2011

		EIVI OF		2011
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	S	
MIKULKA, JOSEPH ALAN	111425565	FOR C	OFFICE ONLY:	
12484 GREEN STONE CT FORT MYERS FL 33913	-			
	2.6		ID C	ode
Gateway Servi	ZIP: COUNTY:		IDN	0.
NAME OF AGENCY: 1 Seat #3 Book	2 Vague tole	276	Conf	f. Code
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:		P. Re	eq. Code
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE				96. J. 107. F. Jak
3	PARTS OF THIS SECT	ION MUST BE CON	IPLET	ED ****
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FIN A FISCAL YEAR. PLEASE STATE BELOV	W WHETHER THIS STATEMENT IS	FOR THE PRECEDING TAX	YEAR END	DING EITHER (must check one):
DECEMBER 31, 2011 MANNER OF CALCULATING REPORTAL		TAX YEAR IF OTHER THAN 1	THE CALE	NDAR YEAR:
THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, O instructions for further details). PLEASE S	THE OPTION OF USING REPORT R USING COMPARATIVE THRESH	IOLDS, WHICH ARE USUALI	LY BASED	ON PERCENTAGE VALUES (see
COMPARATIVE (PERCENTAGE)	THRESHOLDS OR	DOLLAR \	ALUE TH	RESHOLDS
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income to the rt, you must write "none" or "n/a")		uctions p.	4]
NAME OF SOURCE OF INCOME			1	SCRIPTION OF THE SOURCE'S INCIPAL BUSINESS ACTIVITY
Yedon YedoH	T Six Mile C	yprus Blud	Ret	1,6
	Fort My	ers, FL		
Sexial Security				
	WOOM			
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	INCOME I other sources of income to business ort , you must write "none" or "n/a"	ses owned by the reporting pe	rson - See	instructions p. 4]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
(If you have nothing to repor	(if you have nothing to report, you must write none or n/a) when and where to		G INSTRUCTIONS for and where to file this form cated at the bottom of page 2.	
1	30.17	where		RUCTIONS on who must
	96th Court Ocale	2,12 (00/0)	file thi	s form and how to fill it out on page 3.
Acerage (67) C	THINGS CIST MOND			ER FORMS you may need
				are described on page 6.

()

MIKULKA, JOSEPH ALAN 12484 GREEN STONE CT FORT MYERS FL 33913

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

My Comm. Expires Mar 1 2013

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)
(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 nonpartisan office of Supervises - Section (district #)
(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 nonpartisan office of Sungery (356 - Seat 13)
J LAI (office) (district #)
, #3 ; I am a qualified elector ofCounty, Florida;
(circuit #) (group or seat #)
I am qualified 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 Justific (239) 225-1369 JWikulka comentment Signature of Candidate Telephone Number Email Address
Signature of Candidate Telephone Number Email Address
12484 Greenstanect, Fort Myers, FL 33913 Address State ZIPCode
Address City State ZIP Code
リリッケアノと
Candidate's Florida Voter Registration Number (located on your voter information card): 111425565
* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons
with disabilities (see instructions on page 2 of this form):
Mi-Kul-Ka
STATE OF FLORIDA
COUNTY OF LEE
7 ///
Sworn to (or affirmed) and subscribed before me this day of, 20, 20
Personally Known: or
Produced Identification: Print, Type, or Stamp Commissioned Name of Notary Public
Todaded Identification.
Type of Identification Produced: FL DL M 2 V2 481 49 3420 JO ANN BEAUMON