


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	David Adams		
Residence Address	1110 Magnolia Ave		
City and Zip Code	Lehigh FL 33972		
Mailing Address (If different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239 368-6116	OR	
Email Address	dave4LaFireboard@emburgmail.com		
Office Sought	Lehigh Acres Fire Commissioner		
Area, District, Group Or Seat Number	Seat 4		
Political Party (If Applicable)			
Date Of Birth Or Voter ID #	111321032		
Date	May 30, 2008		
Candidate Signature	X 		

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

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

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

Name of Candidate

David Adams

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

1110 Magnolia Ave
Lehigh FL 33972

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number) Sead
Lehigh Acres
Fire Commissioner 4

I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Karen Adams

5. Mailing Address (If post office box or drawer add street address)

1110 Magnolia Ave

6. Telephone

239-368-6116

7. City

Lehigh

8. County

Lee

9. State

FL

10. Zip Code

33972

I have designated the following named bank as my

☒ Primary Depository ☐ Secondary Depository

11. Name of Bank

SunCoast Schools FCU

12. Street Address

206 Ben Stacey Blvd / Lehigh

13. City

Lehigh

14. County

Lee

15. State

FL

16. Zip Code

33972

17. Signature of Candidate

X David Adams

Date

May 30, 2008

Campaign Treasurer's Acceptance of Appointment

I, Karen Adams

(Please Print or Type)

, do hereby accept the appointment as

☒ Campaign Treasurer ☐ Deputy Treasurer

for the campaign of

David Adams

who is seeking nomination or election as a

Lehigh Acres

candidate to the office of

Fire Board Commissioner

(Party)

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.**

May 30, 2008

Date

X Karen Adams

Signature of Campaign Treasurer or Deputy Treasurer

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

08JUN17PM0151 SEE 14

CHECK APPROPRIATE BOX:

☐ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depositor

Name of Candidate **DAVID ADAMS** 1. Address (include post office box or street, city, state, zip code) **1110 magnolia Ave
Lehigh Fl 33972**

Telephone (optional) () 2. Party (Partisan candidates only) **Lehigh Acres Fire Commissioner 4** 3. Office (add district, circuit, group number) **3000**

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

4. Name of Treasurer or Deputy Treasurer **Karen Adams**

5. Mailing Address (If post office box or drawer add street address) **1110 Magnolia Ave** 6. Telephone **239-368-6116**

7. City **Lehigh** 8. County **Lee** 9. State **FL** 10. Zip Code **33972**

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

11. Name of Bank **Bank of America** 12. Street Address **Honestad Rd Lehigh Fl**

13. City **Lehigh** 14. County **Lee** 15. State **FL** 16. Zip Code

17. Signature of Candidate **X David Adams** Date **Jun 13, 2008**

Campaign Treasurer's Acceptance of Appointment

I, **Karen Adams**, do hereby accept the appointment as
(Please Print or Type)

☒ Campaign Treasurer ☐ Deputy Treasurer for the campaign of **DAVID ADAMS**

who is seeking nomination or election as a **Lehigh Acres** candidate to the office of
Fire Comm. Seat 4 (Party) 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.

Jun 13, 2008
Date

X Karen Adams
Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

6/13/08

Suncoast Schools
FCU does not offer
"Campaign Acct's" ;
Account has been
open at Bank of
America for David
Adams.

11:08 AM JUN 17 2008
SDELE CO FI

David Adams

SCANNED

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, David Adams,
candidate for the office of Lehigh Acres Fire Control
A Rescue Dist. Board of;
Commissioners ; Sec 4
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X David Adams
Signature of Candidate

May 30, 2008
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

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

I, David Adams, am a candidate for the Special District
(print name)

office of: Lehigh Acres Fire Commissioner; Seat 4
(district name and district #, seat #, or area#)

in the Nov 2008 election. I understand that my only campaign
(date of election)

expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

As long as these are my only campaign expenses, 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 and, therefore, during my campaign, 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 campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST 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 David Adams
Signature of Candidate

Nov 30, 2008
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."

SCANNED

LOYALTY OATH FOR NON-PARTISAN OFFICE

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Lee, COUNTY

OFFICE USE ONLY

I, DAVID P Adams
First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, . . . and 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.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, David Adams

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Fire Commissioner, Sead, Lehigh
(office) (district) (group)

My legal residence is 110 Magnolia Ave Lee County, Florida. 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.

X David Adams (239) 368-6116 dave4LAfireboard@gmail.com
Signature of Candidate Daytime Telephone Number Email Address

110 Magnolia Ave Lehigh FL 33972
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 30th day of MAY, 200 .

Personally Known: _____ or

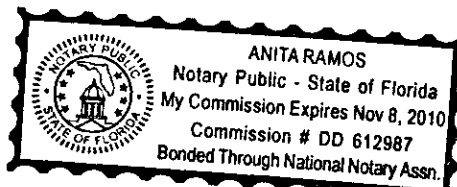
Produced Identification: Pass

Type of Identification Produced:

A352 175 53 0490

Anita Ramos

Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



SCANNED

FORM 1

STATEMENT OF

2007

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME:

ADAMS DAVID

MAILING ADDRESS:

1110 MAGNOLIA AVE

CITY:

LEHIGH

ZIP:

33972

COUNTY:

LEE

NAME OF AGENCY:

Lehigh Acres Fire Control

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board of Commissioner; Seat 4

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEEFOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2007

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2007

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Whitl Park Service	33100 Tamiami Trail & Orchard FL 33411	Whitl Park Service
Lehigh Acres Fire Dist	636 Thomas Sherwin Ave Lehigh Acres FL 33974	Fire District

PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

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

PART C - REAL PROPERTY [Land, buildings owned by the reporting person]

1110 Magnolia Ave / Lehigh FL
1 acre parcel / Whitted Estates /
Chieftand FL

FILING INSTRUCTIONS for when
and where to file this form are locat-
ed at the bottom of page 2.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.

SCANNER

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

COPY**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

GMAC

PO Box 9001719 Louisville KY

SunCoast Schools FCU

PO Box 11904 Tampa FL

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF
BUSINESS ENTITYADDRESS OF
BUSINESS ENTITYPRINCIPAL BUSINESS
ACTIVITYPOSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESSNATURE OF MY
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

*David Adams**May 30, 2008***FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 MacLay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID ADAMS

Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972

Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 86

(3) ID Number

FINAL
REPORT

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-4

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/31/2008 To 2/2/2009 Report Type TR-4

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 40.00
Loans \$ 0.00
Total Monetary \$ 40.00
In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary
Expenditures \$ 41.48
Transfers to Office
Account \$ 0.00
Total
Monetary \$ 41.48

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 3,370.00

(10) TOTAL Monetary Expenditures To Date
\$ 3,370.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Karen Adams
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X David Adams
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID ADAMS (2) I.D. Number 86

10/31/2008 2/2/2009

(3) Cover Period 10/31/2008 through 2/2/2009 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11/23/2008 / /	Lee County Code Enforcement, Hendry St Fort Myers, FL 33901	I	bond	CH			\$40.00
1			return -for sign<b				
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS (2) I.D. Number 86
10/31/2008 2/2/2009
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
11/23/2008 / /	David, Adams 1110 Magnolia Av Lehigh, FL 33936	reimburse ment	MO		\$41.48
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31 JAN 2003 PM 6 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888



**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 86

**AMENDED
REPORT**

(1) DAVID ADAMS
Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972
Address (number and street)

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** LEHIGH ACRES FIRE-4

☐ **Political Committee**

☐ **Committee of Continuous Existence**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF PC HAS DISBANDED**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

☐ **Original** ☒ **Amendment** ☐ **Special Election Report** ☐ **Independent Expenditure Report**

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 225.00

Total Monetary \$ 225.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) **Other Distributions**
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,330.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,328.52

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Karen Adams
☐ Individual (only for electioneering commun.) ☒ **Treasurer** ☐ **Deputy Treasurer**

X Karen Adams
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) David Adams
☒ **Candidate** ☐ **Chairperson (only for PC, PTY & electioneering commun. organization)**

X David Adams
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID ADAMS (2) I.D. Number 86

(3) Cover Period 10/11/2008 / 10/30/2008 through 10/30/2008 / 10/30/2008 (4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS

(2) I.D. Number 86

10/11/2008 10/30/2008

(3) Cover Period 10/11/2008 through 10/30/2008

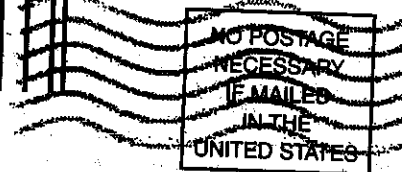
(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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**SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888**



**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

08-1003-0936 SDE Lee Co FL

(1) DAVID ADAMS
Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY 86

(3) ID Number: pm 10/31/2008

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-4

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
Loans \$ 0.00
Total Monetary \$ 0.00
In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 361.95
Transfers to Office Account \$ 0.00
Total Monetary \$ 361.95

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 3,105.00

(10) TOTAL Monetary Expenditures To Date
\$ 3,328.52

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

Karen Adams
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

DAVID ADAMS
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID ADAMS (2) I.D. Number 86

10/11/2008 through 10/30/2008
 (3) Cover Period 10/11/2008 / 10/30/2008 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS

(2) I.D. Number 86

(3) Cover Period 10/11/2008 through 10/30/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/21/2008 / /	HOST GATOR,	web hosting	MO		\$8.95
1					
10/30/2008 / /	ADAMS, KAREN 1110 MAGNOLIA AV LEHIGH, FL 3972	loan repayment	MO		\$200.00
2					
10/25/2008 / /	ANGELA'S RESTAURANT, HOMESTEAD RD LEHIGH, FL	campaign meeting	MO		\$53.00
3					
10/29/2008 / /	ADAMS, DAVID 1110 MAGNOLIA AV LEHIGH, FL	loan repayment	MO		\$100.00
4					
/ /					
/ /					
/ /					
/ /					
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/ /					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DAVID ADAMS

Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972

Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-4

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9/27/2008 To 10/10/2008 Report Type G3

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 80.00

Total Monetary \$ 580.00

In-Kind \$ 35.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 506.47

Transfers to Office Account \$ 0.00

Total Monetary \$ 506.47

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,105.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,966.57

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Karen Adams
☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Karen Adams
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DAVID ADAMS
☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X David Adams
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID ADAMS (2) I.D. Number 86

9/27/2008 10/10/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/3/2008 / /	FIREFIGHTERS & PARAMEDICS, 750 COMMERCE DR SUITE 1 VENICE, FL 34292	O	union	CH			\$500.00
1							
9/30/2008 / /	ADAMS, DAVID 1110 MAGNOLIA AVE LEHIGH, FL 33972	I		LO			\$80.00
2							
10/8/2008 / /	ACCENT BUSINESS, 6261 ARC WAY FORT MYERS, FL 33906	B		IK	copying		\$35.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS

(2) I.D. Number 86

(3) Cover Period 9/27/2008 through 10/10/2008

(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/1/2008 //	LEE COUNTY CODE ENF, HENDRY ST PORT MYERS, FL	sign permit	MO		\$10.00
1					
9/30/2008 //	CASH,	misc	PW		\$150.00
2					
10/1/2008 //	HOME DEPOT, 3402 OMNI BLVD FORT MYERS, FL 33916	sign materials	MO		\$16.71
3					
10/2/2008 //	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL 33966	mailing matl's	MO		\$65.70
4					
10/1/2008 //	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL	mailing matl's	MO		\$65.79
5					
10/1/2008 //	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL 33916	mailing matl's	MO		\$13.77
6					
10/5/2008 //	ARTYPEINC.COM, 3530 WORK DR FORT MYERS, FL 33916	campaign matl's	MO		\$79.50
7					
9/30/2008 //	SUPV OF ELECTIONS, PO DRAWER 2545 FORT MYERS, FL 33902	mailing info	MO		\$75.00
8					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS (2) I.D. Number 86
 9/27/2008 10/10/2008
 (3) Cover Period / / through / / (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/4/2008 / /	SHELL, LEHIGH, FL	fuel	PS		\$45.00
9					
10/4/2008 / /	USPS, LEHIGH, FL	postage	PS		\$54.00
10					
9/30/2008 / /	LEE COUNTY CODE ENF, HENDRY ST FORT MYERS, FL	sign permit	MO		\$30.00
11					
10/5/2008 / /	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL 33968	office misc	PS		\$17.58
12					
10/10/2008 / /	SHELL, HOMESTEAD LEHIGH, FL 33972	gas	PS		\$33.42
13					
/ /					
/ /					
/ /					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DAVID ADAMS

Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972

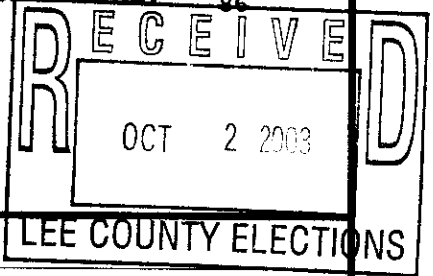
Address (number and street)

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

(3) **ID Number:**

OFFICE USE ONLY



(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** LEHIGH ACRES FIRE-4

☐ **Political Committee**

☐ **Committee of Continuous Existence**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF PC HAS DISBANDED**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 9/13/2008 To 9/26/2008 / Report Type G2

☒ **Original** ☐ **Amendment** ☐ **Special Election Report** ☐ **Independent Expenditure Report**

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 200.00

Total Monetary \$ 700.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary
Expenditures \$ 1,661.43

Transfers to Office
Account \$ 0.00

Total
Monetary \$ 1,661.43

(8) **Other Distributions**
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,525.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,460.10

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Karen Adams

☐ Individual (only for electioneering commun.) ☒ **Treasurer** ☐ **Deputy Treasurer**

X Karen Adams

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DAVID ADAMS

☐ **Candidate** ☐ **Chairperson (only for PC, PTY & electioneering commun. organization)**

X David Adams

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAVID ADAMS

(2) I.D. Number 86

(3) Cover Period 9/13/2008 / 9/26/2008
 _____ / _____ / _____ through _____ / _____ / _____

(4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS

(2) I.D. Number 86

(3) Cover Period 9/13/2008 through 9/26/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/21/2008 / /	HOST GATOR,	web hosting	MO		\$8.95
1					
9/26/2008 / /	HOME DEPOT, FORT MYERS, FL	sign materials	MO		\$49.13
2					
9/26/2008 / /	USPS,	postage	MO		\$271.00
3					
9/26/2008 / /	ARTYPE INC, 3530 WORK DR FORT MYERS, FL 33916-7533	signs	MO		\$304.75
4					
9/26/2008 / /	ARTYPE INC, 3530 WORK DR FORT MYERS, FL 33916-7533	signs	MO		\$315.35
5					
9/23/2008 / /	EAST SIDE PRINTING, LEHIGH, FL	ad	MO		\$275.00
6					
9/19/2008 / /	ARTYPE INC, 3530 WORK DR FORT MYERS, FL 33916-7533	signs	MO		\$437.25
7					
/ /					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DAVID ADAMS
Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972
Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-4

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY

86

(3) ID Number: _____

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 9/12/2008 / Report Type G1

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 525.00

Loans \$ 200.00

Total Monetary \$ 725.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary
Expenditures \$ 511.61

Transfers to Office
Account \$ 0.00

Total
Monetary \$ 511.61

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,825.00

(10) TOTAL Monetary Expenditures To Date

\$ 798.67

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

Karen Adams

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

David Adams

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name **DAVID ADAMS**

(2) I.D. Number **86**

8/22/2008

9/12/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____

(4) Page **1** of **1**

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/6/2008 / /	BURGESS, KATHY 4625 SW 13TH AV CAPE CORAL, FL 33914	I		CA			\$25.00
1							
9/6/2008 / /	FIREFIIGHTERS & PARAMEDICS, SW FL PROFESSIONAL LOCAL 1826 2030 WEST 1ST ST, SUITE C FT MYERS, FL 33901	O	local 1826	CH			\$500.00
2							
9/8/2008 / /	ADAMS, KAREN 1110 MAGNOLIA AV LEHIGH, FL 33972	I	admin	LO			\$200.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS

(2) I.D. Number 86

(3) Cover Period 8/22/2008 through 9/12/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
8/22/2008 / /	HOST GATOR,	monthly web hosting	MO		\$8.95
1					
8/22/2008 / /	ORIENTAL TRADING, PO BOX 2308 OMAHA, NE 68103-2308	novelty items	MO		\$118.74
2					
8/30/2008 / /	Tombeng, Novita 11 Meeker Ave Edison, NJ 08817-5235	novelty items	MO		\$150.94
3					
8/22/2008 / /	OFFICE DEPOT, 13550 CLEVELAND AV N FT MYERS, FL 33903	genl office supplies - campaign related	MO		\$52.98
4					
9/12/2008 / /	PETTY CASH,	misc	MO		\$100.00
5					
9/12/2008 / /	Lee County Code Enforcement, Hendry St Fort Myers, FL 33901	sign permit	MO		\$30.00
6					
9/12/2008 / /	Lehigh Acres Community Council, Lehigh Acres, FL	politics in the park ii	MO		\$50.00
7					
/ /					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DAVID ADAMS

Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972

Address (number and street)

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

☒ Candidate (office sought): LEHIGH ACRES FIRE-4

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY

86

(3) ID Number: _____

(5) REPORT IDENTIFIERS

Cover Period: From 8/2/2008 To 8/21/2008 Report Type F3

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 221.31

Transfers to Office Account \$ 0.00

Total Monetary \$ 221.31

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,100.00

(10) TOTAL Monetary Expenditures To Date

\$ 287.06

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Karen Adams
☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Karen Adams
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) David Adams
☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X David Adams
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID ADAMS (2) I.D. Number 86

8/2/2008 8/21/2008
 (3) Cover Period 8/2/2008 through 8/21/2008 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS

(2) I.D. Number 86

(3) Cover Period 8/2/2008 through 8/21/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
8/2/2008 / /	Oriental Trading, 11201 Gilles Road LaVista, NE 68128	candidates forum materials	MO		\$180.44
1					
8/14/2008 / /	Publix, Homestead Lehigh, FL	candidates forum materials	MO		\$31.92
2					
8/16/2008 / /	Host Gator, 11251 NW Freeway Suite 400 Houston, TX 77092	web site hosting	MO		\$8.95
3					
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PO BOX 2545
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WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

86

DAVID ADAMS
1110 MAGNOLIA AVE
LEHIGH ACRES, FL 33972

LEHIGH ACRES FIRE-4

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- ☐ January
☐ April
☐ July
☐ October

PRIMARY ELECTION

- ☐ 32nd day prior
☐ 18th day prior
☐ 4th day prior

GENERAL ELECTION

- ☐ 46th day prior
☐ 32nd day prior
☐ 18th day prior
☐ 4th day prior

- ☐ TERMINATION REPORT
☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

7/19/2008 through 8/1/2008 (F2)

X

David Adams
Signature
David Adams, Treasurer

8 Aug 08
Date
8/8/08

SIGNATURES REQUIRED FOR:

Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

FT MYERS FL 339

08 AUG 2008 PM 1 L

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PO BOX 2545
FORT MYERS, FL 33902-9888**

08AUG12PM0511 SDE Lee Co FL

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DAVID ADAMS

Name

(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33972

Address (number and street)

City, State, Zip Code

☐ **CHECK IF ADDRESS HAS CHANGED**

OFFICE USE ONLY

86

(3) ID Number: 86

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** LEHIGH ACRES FIRE-4

☐ **Political Committee**

☐ **CHECK IF PC HAS DISBANDED**

☐ **Committee of Continuous Existence**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/2008 To 7/18/2008 / Report Type F1

☒ **Original** ☐ **Amendment** ☐ **Special Election Report** ☐ **Independent Expenditure Report**

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,100.00

Loans \$ 0.00

Total Monetary \$ 1,100.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 65.75

Transfers to Office Account \$ 0.00

Total Monetary \$ 65.75

(8) Other Distributions \$ 0.00

(9) **TOTAL Monetary Contributions To Date**

\$ 1,100.00

(10) **TOTAL Monetary Expenditures To Date**

\$ 65.75

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Karen Adams

☐ Individual (only for electioneering commun.) ☒ **Treasurer** ☐ **Deputy Treasurer**

X Karen Adams
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) DAVID ADAMS

☒ **Candidate** ☐ **Chairperson (only for PC, PTY & electioneering commun. organization)**

X David P. Adams
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAVID ADAMS (2) I.D. Number 86

4/1/2008 7/18/2008

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
6/13/2008 / /	ADAMS, DAVID P 1110 MAGNOLIA AV LEHIGH, FL 33972	I		CH			\$100.00
1							
7/18/2008 / /	SW FL Professional, Firefighters & Paramedics Local 1826 2030 West 1st St // Suite C Fort Myers, FL 33901	O	local union 1826 <br	CH			\$500.00
2							
7/18/2008 / /	FL Professional Firefighters, 345 W Madison St Tallahassee, FL 32301-1625	O	fl professio nal firefigh	CH			\$500.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID ADAMS

(2) I.D. Number 86

(3) Cover Period 4/1/2008 through 7/18/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
7/12/2008 / /	O'Brady's, Beef 3114 Lee Blvd Lehigh Acres, FL 33971	campaign meeting	MO		\$19.80
1					
7/12/2008 / /	Bank of America, Homestead Rd Lehigh Acres, FL	monthly maint fee, bank acct	MO		\$17.00
2					
7/13/2008 / /	Host Gator, 11251 NW Freeway // Suite 400 Houston, TX 77092	web site domain & july monthly hosting	MO		\$28.95
3					
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