# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	David Adams	
Residence Address		
	1110 Magnolia Ave	
City and Zip Code	THO THOUGHOND HUE	
	Lehigh FL 33972	
Mailing Address (if different)	Check if same as above.	
Telephone Number(s) (Daytime)	239 OR 368-6116	
Email Address		ril. Com
Office Sought	dave 4 La Fireboard Gembargme Lehigh Alores Fire Commission	Nor
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 Daniel Gilan	

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 <u>may be</u> 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.



SFI CSFI

## 108JUN05₽M0316 SOE L∞ Co F1

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	OFFICE USE ONLY			
(PLEASE TYPE)				
Criginal Appointment Deputy Treasurer	Reappointment of Treasurer Secondary Depository			
David Adams	Address (include post office box or street, city, state, zip code) 1110 Magnolia AUE Lehigh FL 33978			
Telephone (optional)       2. Party (Partisan candidates only)         ()	3. Office (add district, circuit, group number) Death Lengh Acres			
	aign Treasurer Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer				
Karen Adams				
5. Mailing Address (If post office box or drawer add street address)				
7. City , 8. County T	239-368-6116			
Lehigh Lee	9. State 10. Zip Code			
	y Depository Secondary Depository			
11. Name of Bank	y Depository     Secondary Depository       12. Street Address     Salar			
Sudast Schools FCU	Been Stacey Blvd /Lehigh			
13. City 14. County 14. County	15. State 16. Zip Code			
17. Signature of Candidate				
× Wand Malan				
Campaign Treasurer's Acc	eptance of Appointment			
"Kaven Adams	, do hereby accept the appointment as			
(Please Print or Type)	, controly accept the appointment as			
Campaign Treasurer Deputy Treasurer for the car	mpaign of <u>LAUID Adams</u> ,			
who is seeking nomination or election as a Leviq N Alcres	candidate to the office of			
(Party) Fire Board COMMISIONES (a duly registered voter in Lee				
County, Florida, I am qualified to accept this appointment.				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAV ACCEPTANCE OF APPOINTMENT AND TI	'E READ THE FOREGOING CAMPAIGN TREASURER'S HAT THE FACTS STATED ARE TRUE.			
May 30, 2008 × 4	Kaundtoms			
	gnature of Campaign Treasurer or Deputy Treasurer			
DS-DE 9 (Rev. 02/06)	CARINIPE			



STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	OFFICE USE ONLY			
(PLEASE TYPE)				
CHECK APPROPRIATE BOX:	151 S			
Original Appointment Deputy Treasurer	Reappointment of Treasurer Secondary Depositor			
Name of Candidate DAUID ADAUS	1. Address (include post office box or street, city, state, zip code) 110 MOGNOILQ AUE II Lehab FL 33972			
Telephone (optional)       2. Party (Partisan candidates only         (       )	) 3. Office (add district, circuit, group number) 300			
I have appointed the following person to act as my	Daign Treasurer			
4. Name of Treasurer or Deputy Treasurer				
5. Mailing Address (If post office box or drawer add street address 110 100 100 100 100 7. City 8. County	6. Telephone 239-368-6116 9. State 10. Zip Code			
Lenigh lee	FL 33972			
I have designated the following named bank as my Prima	ry Depository Secondary Depository			
Bank of America 13. City 14. County	12. Street Address Nonestead Rd Cehigh Fc 15. State 16. Zip Code			
17. Signature of Candidate	FL_			
× Daniel Cielan	Date Jun 13, 2008			
Campaign Treasurer's Ac	ceptance of Appointment			
I, AURA ADAMS (Please Print or Type)	, do hereby accept the appointment as			
Campaign Treasurer Deputy Treasurer for the ca	ampaign of DAUID ADJUS,			
who is seeking nomination or election as a Lehigh Acres	(Party) candidate to the office of			
Fire COMM. Seal 4. As a duly re	egistered voter in LEC			
County, Florida, I am qualified to accept this appointment.				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HA ACCEPTANCE OF APPOINTMENT AND T	VE READ THE FOREGOING CAMPAIGN TREASURER'S THAT THE FACTS STATED ARE TRUE.			
Jun 13, 2008 X	Face Address Signadure of Campaign Treasurer or Deputy Treasurer			
DS-DE 9 (Rev. 02/06)				
<b>4</b> -	SCANNED			

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13 <sup>°</sup>

s,

6/13/08 Suncoast Schools fcu does not offer "Campaign Acct's"; Account has been Open at Bank of America for David Adams. 1900-1 100 1920 WILLINDIA COLO dans

# **SCANNED**

STATEMENT OF CANDIDATE (Section 106.023, F.S.) (Please Type)	OFFICE USE ONLY
I, <u>David Adams</u>	Acres fire Control
candidate for the office of <u>ARESO</u>	se Dist Board of
have received, read and understand th	MMISSIONERS, Slad 4
Florida Statutes.	ne requirements of Chapter 106,
X David Claudio.	<u>May 30,008</u>
X David Candidate	Date
Each candidate must file a statement with the Appointment of Campaign Treasurer and Desig failure to file this form is a first degree misder Financing Act which may result in a fine of up to Statutes).	nation of Campaign Depository is filed. Willful meanor and a civil violation of the Campaign.



AFFIDAVIT OF INTENT
LEE COUNTY
SDECIAL DISTRICT CANDIDATE
SPECIAL DISTRICT CANDIDATE
State of Florida County of Lee
I, Louid Acons, am a candidate for the Special District
(print name) Lehigh Acres
office of: Contraction Fire Contractioner, fort 4
(district name and district #, seat #, or area#)
in the Nov 2008 election Lundorstand that much some
In the
expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the
signature verification tee 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 Elected Statutes See and
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,
soluting of accepting any money or contribution(s) in-kind, in connection with
my campaign.
In the spend to the second sec
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 A
(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 the periodic campaign frequencie reports on required by
Florida Statute §106.07 with the Lee County Supervisor of Elections.
$\frown$
-1/2
X Wand Lelann May 30, 2008
Signature of Candidate Date
FS 106.021/1)/a) "No person shall accord any contribution on motion of the second
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 persons to be 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 Chapter 106.021 Revised-3/6/2008 Lee County Special District Forms

SCANNED

NON-PARTISAN OF	LOYALTY OATH FOR NON-PARTISAN OFFICE (Sections 876.05-876.10, Florida Statutes)		OFFIC	E USE ONLY	
STATE OF FLORIDA					
<u>lee</u> , county					
I, DAUID			Ad	 rm.<	
First Name	Middle Name			Last Name	<b></b> _
a citizen of the State of Florida and of hereby solemnly swear or affirm that I Florida.	the United States of will support the Con	America, a stitution of the l	nd a cano Jnited Sta	lidate for public office . tes and of the State of	do
	Section 99.021, F		E	_	
, David Ada	<u>ms</u>				
(PLEASE PRINT NAME AS YOU WISH IT TO B	~	- NAME MAY NOT B	CHANGED AN		
am a candidate for the office of $\pm i$	e LOUUISS	oner.	<u> </u>	'	<u>}</u> .
	-anolia Air		(distu Cour	ity, Florida, I am qualifi	ed
under the Constitution and the Laws on have qualified for no other public office with the office I seek; and I have resign 99.012, Florida Statutes.	e in the state the te	rm of which of		I nort thorast much	
· Daniel Celan	<u> </u>	39 <b>)</b> 368-6	116	dawe 4 LA fin	eboar mail.
Signature of Candidate		time Telephone N	umber	Email Address	
<u>Illo Magnolia A</u>		<u>qh Fr</u>	<u></u>	<u>33972</u>	
daress	City	J	State	ZIP Code	
worn to (or affirmed) and subscribe	d before me this _	30 <sup>77+</sup> day of	MAY	_, 200	
ersonally Known: or			_		
roduced Identification:	$\langle \langle \rangle$	Shift	R	long	
of Identification Produced: Signature of Notary Public - State of Florida Print, Type or Stamp Commissioned Name of Notary Public					
4352 175 53 0490	- F	in, Type of Stamp	Commissio	ned Name of Notary Public	
		My Commiss	NITA RAMOS blic - State c sion Expires N sion # DD 6 Igh National No	f Florida ov 8, 2010	
S-DE 25 (02/08)		BSEZTWASTNO	80	JUAN	
				TWASING(80.	

FORM 1	STATEM	ENT OF	2007
Please print or type your name, mailing address, agency name, and position below		INTEREST	S
LAST NAME - FIRST NAME - MIDDLE ADAUS DA MAILING ADDRESS :		FOR	OFFICE ONLY:
LUD MAGNO	DUA AVE		
	·		
CITY: EHIGH NAME OF AGENCY:	zip: county: 33972 (	<u>ee</u>	ID No.
Lehigh Acres	fire Control		Conf. Code
NAME OF OFFICE OR POSITION HELD		4 Loos	P. Req. Code
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE			PDF 2007
<b>ISCLOSURE PERIOD:</b> HIS STATEMENT REFLECTS YOUR FIN FISCAL YEAR, PI FASE STATE BELOV	**BOTH PARTS OF THIS SECTION		
FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2007		OR THE PRECEDING TAX	YEAR ENDING EITHER (check one):
ANNER OF CALCULATING REPORTAL HE LEGISLATURE ALLOWS FILERS T EQUIRES FEWER CALCULATIONS, OI structions for further details). PLEASE S	THE OPTION OF USING REPORT	ING THRESHOLDS THAT , DLDS, WHICH ARE USUAL TEMENT REFLECTS EITHE	ARE ABSOLUTE DOLLAR VALUES, WHICH LY BASED ON PERCENTAGE VALUES (38)
COMPARATIVE (PERCENTAGE) T	HRESHOLDS <u>OR</u>		R (check one): VALUE THRESHOLDS
ART A - PRIMARY SOURCES OF INC	HRESHOLDS <u>OR</u>	DOLLAR 1	K (check one):
COMPARATIVE (PERCENTAGE) T PART A - PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	HRESHOLDS <u>OR</u> OME [Major sources of income to the SOUR ADDR	DOLLAR ' preporting person] CE'S ESS	K (check one):
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCE	HRESHOLDS <u>OR</u> OME [Major sources of income to the SOUR <u>ADDR</u> CE <u>33100 Tamids</u>	DOLLAR reporting person) CE'S ESS MAN Troad E 34141	R (check one): VALUE THRESHOLDS
COMPARATIVE (PERCENTAGE) T	HRESHOLDS <u>OB</u> OME [Major sources of income to the SOUR ADDR 	DOLLAR preporting personj CE'S ESS MITTOLD E 34141 STREVEN AVE	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
ART A - PRIMARY SOURCES OF INCL NAME OF SOURCE OF INCOME htil Park Servic enigh Acres Fire D	HRESHOLDS <u>OB</u> OME [Major sources of income to the SOUR ADDR CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids	DOLLAR reporting person) CE'S ESS MITTOLE 34141 Sherwin Are 23174	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Not'l Port Service Five District
ART A - PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME DATI Park Servic enigh Acres Fire D	HRESHOLDS <u>OB</u> OME [Major sources of income to the SOUR ADDR CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids	DOLLAR reporting person) CE'S ESS MITTOLE 34141 Sherwin Are 23174	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Not 1 Pack Service
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCES OF INCOME DAY 1 Park Servic exigh Acres Fire D ART B - SECONDARY SOURCES OF I NAME OF	HRESHOLDS OB OME [Major sources of income to the SOUR ADDR CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids SOURCES NCOME [Major customers, clients, ar NAME OF MAJOR SOURCES	DOLLAR preporting person) CE'S ESS 	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY LOST PACK Service Five District businesses owned by the reporting person] PRINCIPAL BUSINESS
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCES OF INCOME DAY 1 Park Servic exigh Acres Fire D ART B - SECONDARY SOURCES OF I NAME OF	HRESHOLDS OB OME [Major sources of income to the SOUR ADDR CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids SOURCES NCOME [Major customers, clients, ar NAME OF MAJOR SOURCES	DOLLAR preporting person) CE'S ESS 	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY LOST PACK Service Five District businesses owned by the reporting person] PRINCIPAL BUSINESS
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME Design Acres Fixe D ART B - SECONDARY SOURCES OF I NAME OF	HRESHOLDS OB OME [Major sources of income to the SOUR ADDR CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids CE 33100 Tamids SOURCES NCOME [Major customers, clients, ar NAME OF MAJOR SOURCES	DOLLAR preporting person) CE'S ESS 	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY LOST PACK Service Five District businesses owned by the reporting person] PRINCIPAL BUSINESS
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME DATI Park Servic enigh Acres Fire D ART B - SECONDARY SOURCES OF I NAME OF BUSINESS ENTITY	HRESHOLDS OB OME [Major sources of income to the SOUR ADDR CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida ADDR AD	DOLLAR preporting person) CE'S ESS 	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Most I Port Source Five District Dusinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCES OF INCOME DAY 1 Park Service enigh Acres Fire D ART B - SECONDARY SOURCES OF I NAME OF BUSINESS ENTITY	HRESHOLDS OB OME [Major sources of income to the SOUR ADDR CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida ADDR AD	DOLLAR preporting person) CE'S ESS 	R (check one): VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY LOST PACK Service Five District businesses owned by the reporting person] PRINCIPAL BUSINESS
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME AT I Park Servic enigh Acres Fire D ART B - SECONDARY SOURCES OF I NAME OF BUSINESS ENTITY	HRESHOLDS OB OME [Major sources of income to the SOUR ADDR CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida SOURCES OF BUSINESS' INCOME INCOME [Major customers, clients, ar NAME OF MAJOR SOURCES OF BUSINESS' INCOME Ings owned by the reporting person] ADE [CEDig]	DOLLAR preporting person) CE'S ESS 	R (check one):         VALUE THRESHOLDS         DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY         Job Strice         Five         Distresses owned by the reporting person]         PRINCIPAL BUSINESS ACTIVITY OF SOURCE         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
ART A - PRIMARY SOURCES OF INCO NAME OF SOURCES OF INCOME ATT POYCK SERVICE CONDARY SOURCES OF I ART B - SECONDARY SOURCES OF I NAME OF BUSINESS ENTITY	HRESHOLDS OB OME [Major sources of income to the SOUR ADDR CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida CE 33100 Tamida ADDR AD	DOLLAR preporting person) CE'S ESS 	R (check one):         VALUE THRESHOLDS         DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY         1011

## '08JUN05PM0317 SDE Lee Co F1

PART D INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				E PROPERTY RELATES
				$\frown$
				CON
		-		
PART E LIABILITIES (Major de	ebts]	· · · · · · · · · · · · · · · · · · ·		
NAME OF CREDIT	TOR	i	ADDRESS OF CR	EDITOR
GMAC		POBO	9001019	usuille Ky
Juc Const Sal	noolsteu	DORO	V HONI TONICO	
			A HELON Manyue	TL
			· · · · · · · · · · · · · · · · · · ·	
				-
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ov	vnership or positio	ns in certain types of businesses]	
NAME OF	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY	_			
ADDRESS OF BUSINESS ENTITY				· · · · · · · · · · · · · · · · · · ·
PRINCIPAL BUSINESS ACTIVITY	·····			
POSITION HELD WITH ENTITY			<del></del>	
I OWN MORE THAN A 5%				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A 1	THROUGH F ARE	CONTINUED	ON A SEPARATE SHEET, PL	EASE CHECK HERE
SIGNATURE (required):				required):
	FIL	ING INS	TRUCTIONS:	

#### 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 fails 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.

Finality, 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				
<ul> <li>(1) <u>DAVID ADAMS</u></li> <li>Name</li> <li>(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 339</li> <li>Address (number and street)</li> </ul>	FINAL			
City, State, Zip Code				
(4)       Check appropriate box(es):         X       Candidate (office sought):       LEHIGH ACRES         Political Committee       CHECK IF PC HAS DISBANDED         Committee of Continuous Existence       CHECK IF CCE HAS DISBANDED         Party Executive Committee       CHECK IF CCE HAS DISBANDED         Electioneering Communication       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         X Original       Amendment       Special Election Report       Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$ 40.00	Monetary Expenditures \$41.48			
Loans \$0.00	Transfers to Office Account \$ 0.00			
Total Monetary         \$ 40.00           In-Kind         \$ 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 l certify that I have examined this report and it is true, correct, and complete. (Type name) Individual (only for electioneering commun.)	I certify that I have examined this report and it is true, correct, and complete. (Type name) Chairperson (only for PC, PTY & electioneering commun. organization) X Juny Culany			
DS-DE 12 (Rev. 08/04)	Signature			

190399902475508 Lee CoF1

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	DAVID ADAMS			(	2) I.D. Number	8	6
	10/31/2008		2	/2/2009			
(3) Cover P	eriod / /	thre	ough	11	(4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре		Amendment	Amount
11/23/2008 / /	Lee County Code Enforcement, Hendry St Fort Myers, FL 33901	I	bond return -for sign <b< td=""><td>СН</td><td></td><td></td><td>\$40.00</td></b<>	СН			\$40.00
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1 1							<u></u>
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(1) Name DAVI	CAMPAIGN TREASURER'S		D EXPENDIT (2) I.D. Number	'URES	86
	10/31/2008	2/2/2009	(4) Page <u>1</u>		1
(3) Cover Period	l/through		(4) Page	0	
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
	David, Adams 1110 Magnolia Av Lehigh, FL 33936	reimburse ment	мо		\$41.4
1	·····				
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PO BOX 2545 FORT MYERS, FL 33902-9888

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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) DAVID ADAMS	OFFICE USE ONLY 86			
Name				
(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 339				
Address (number and street)	AMENDED			
City, State, Zip Code				
CHECK IF ADDRESS HAS CHANGED				
(4) Check appropriate box(es): X Candidate (office sought): LEHIGH ACRES I	FIRE-4			
Political Committee				
Committee of Continuous Existence Party Executive Committee	CHECK IF CCE HAS DISBANDED			
	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
(5) REPORT	IDENTIFIERS			
Cover Period: From / To	10/30/2008 // <b>Report Type</b> G4			
Original Amendment Special Election	n Report Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$0.00	Monetary Expenditures \$0.00			
Loans \$225.00	Transfers to Office Account \$ 0.00			
Total Monetary \$ 225.00	Total			
<b>c</b> 0.00	Monetary \$ 0.00			
In-Kind \$				
	(8) Other Distributions \$0.00			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$3,330_00_	\$3,328.52			
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,			
correct, and complete.	correct, and complete.			
(Type name) Karen Adoms	(Type name) David Adams			
electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)			
× Josen Adams	X Danial Cielan			
Signature	Signature			

1302#803#8054220EF#CoEr

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(I) Name	DAVID ADAMS		(2) I.D. Number86		6		
	10/11/2008		1	.0/30/2008			
(3) Cover Pe	riod / /	thr	ough	//	(4) Pa	ge _1	of _1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind	Amendment	
10/30/2008 / /	Adams, Karen 1110 Magnolia Av Lehigh, FL 33972	I	housewife / admin	LO	Description	Add	<u>Amount</u> \$200.
10/30/2008 / / 2	Adams, David 1110 Magnolia Av Lehigh, FL 33972	I	supv big cypress nat'l	LO		Add	\$25.0
1 1							
/							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 08/03)

(1) Name <u>DAVID</u>	ADAMS 10/11/2008 1	REPORT – ITEMIZE	D EXPENDI (2) I.D. Numbe		86
(3) Cover Period _	//through	//	(4) Page1	of	0
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	City, State, Zip Code	(add office sought i contribution to a candidate)	f Expenditure Type	Amendment	Amount
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DS-DE 14 / Boy 09%					

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PO BOX 2545 FORT MYERS, FL 33902-9888

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FLORIDA DEPARTMENT OF S				
CAMPAIGN TREASUR	PT2			
(1) DAVID ADAMS				
Name				
(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 33				
Address (number and street)				
	- 7. Enes			
City, State, Zip Code	DM +0/31/2008 3			
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es):				
X Candidate (office sought): LEHIGH ACRES	FIRE-4			
Political Committee	CHECK IF PC HAS DISBANDED			
Committee of Continuous Existence				
Party Executive Committee				
Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED			
(5) REPOR	IDENTIFIERS			
Cover Period: From / / / To	10/30/2008			
X Original Amendment Special Election				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
	Monetary			
Cash & Checks \$ 0.00	Expenditures \$ 361.95			
Loans \$ 0.00				
Loans \$0.00	Transfers to Office			
Total Monetary \$ 0.00	Account \$0.00			
	Total Monotoni			
In-Kind \$ 0-00	Monetary \$ 361.95			
······································				
	(8) Other Distributions \$ 0.00			
	\$ <u></u>			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$3,105.00	\$3,328,52			
(11) CERTIFICATION				
It is a first degree misdemeanor for any new	iFICATION son to falsify a public record (ss. 839.13, F.S.)			
r certify that I have examined this report and it is true				
correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.			
(Type name) Kavau Adams				
Individual (only for NUTreasurer Deanth Treasurer				
X 2 0 a a b d a m	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)			
Signature	* Vound Cidan			
Signature	Signature			

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DS-DE 12	(Rev.	08/04)	
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(3) Cover Period (5) Date	DAVID ADAMS 10/11/2008 d/ (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	three	1 ough (8) ontributor	0/20/2000	(10) In-kind		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Ca	(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Date (6) Sequence Number / /	Full Name (Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Sequence Number / /	Street Address &					Amendment	Amount
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DS-DE 13 (Rev. 08/03)

(1) Name DAVI	CAMPAIGN TREASURER'S ID ADAMS		D EXPENDIT (2) I.D. Number		86
	10/11/2008 1	10/30/2008			-
(3) Cover Perio	d/ through	/	(4) Page1		1
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/21/2008	HOST GATOR,	web hosting	МО		\$8.95
	ADAMS, KAREN 1110 MAGNOLIA AV LEHIGH, FL 3972	loan repayment	MO		\$200.00
10/25/2008 3	ANGELA'S RESTAURANT, HOMESTEAD RD LEHIGH, FL	campaign meeting	MO		\$53.00
10/29/2008 // 4	ADAMS, DAVID 1110 MAGNOLIA AV LEHIGH, FL	loan repayment	MO		\$100.00
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_/_/					
_/ /	<u> </u>				

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
<ul> <li>(1) <u>DAVID ADAMS</u></li> <li>Name</li> <li>(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 3397</li> <li>Address (number and street)</li> </ul>	OFFICE USE ONLY 86				
City, State, Zip Code					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4)       Check appropriate box(es):         X       Candidate (office sought):         LEHIGH ACRES FIRE-4         Political Committee         Committee of Continuous Existence         Party Executive Committee         Electioneering Communication         CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT IDENTIFIERS 9/27/2008 - 10/10/2008 - 0 (7 (3					
Cover Period: From / 10	/ / Report Type G3				
X Original Amendment Special Election					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT Monetary				
Cash & Checks \$500.00	Expenditures \$ 506.47				
Loans \$80.00	Transfers to Office Account \$ 0.00				
Total Monetary \$ 580.00	Total Monetary \$ 506.47				
In-Kind \$	Monetary \$506.47				
	(8) Other Distributions \$0.00				
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$2,966.57_				
(11) CERTIFICATION					
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name) AUCH (ARAS) Individual (only for election eering commun.) X ULL (ARAS) Signature	on 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) DW(1) ADAWS Candidate Chairperson (only for PC, PTY & electioneering commun. organization) X Quied Chairperson (only for PC, PTY & Signature				

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## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	DAVID ADAMS			(	2) I.D. Number	г <u> </u>	16
	9/27/2008		1	0/10/2008		_	-
(3) Cover	Period / /	thre	bugh	//	(4) Page	<b>;</b>	of _1
(5) Date	(7) Full Name		(8)	(9)	(10)	(1 <b>1</b> )	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
10/3/2008 /		0	union	CH			\$500.00
9/30/2008 /		I		LO			\$80.00
10/8/2008	6261 ARC WAY	В		IK	copying		\$35.00
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1 1	<u>,                                     </u>						
/	,						
1 1	<u>,                                     </u>						
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(1) Name DAVI	CAMPAIGN TREASURER'S D ADAMS		) EXPENDIT 2) I.D. Number		86
	9/27/2008	10/10/2008			2
(3) Cover Period	d//through	/	<b>4) Page</b> <u>1</u>	0	
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/1/2008	LEE COUNTY CODE ENF, HENDRY ST FORT MYERS, FL	sign permit	MO		\$10.00
9/30/2008	CASH,	misc	PW		\$150.00
10/1/2008 /// 3	HOME DEPOT, 3402 OMNI BLVD FORT MYERS, FL 33916	sign materials	MO		\$16.71
10/2/2008	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL 33966	mailing matl's	MO		\$65.70
10/1/2008 5	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL	mailing matl's	MO		\$65.79
10/1/2008 ///	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL 33916	mailing matl's	МО		\$13.77
10/5/2008 7	ARTYPEINC.COM, 3530 WORK DR FORT MYERS, FL 33916	campaign matl's	мо		\$79.50
9/30/2008 /// 8	SUPV OF ELECTIONS, PO DRAWER 2545 FORT MYERS, FL 33902	mailing info	МО		\$75.00
	· · · · · · · · · · · · · · · · · · ·				

(1) Name DAVI	CAMPAIGN TREASURER' D ADAMS	S REPORT - ITEMIZ	ED EXPENDIT (2) I.D. Number		86
	9/27/2008  //through_	10/10/2008 //	(4) Page 2		2
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought contribution to a candidate)	if Expenditure Type	Amendment	Amount
10/4/2008	SHELL, LEHIGH, FL	fuel	PS		\$45.00
10/4/2008 /// 10	USPS, LEHIGH, FL	postage	PS		\$54.00
9/30/2008	LEE COUNTY CODE ENF, HENDRY ST FORT MYERS, FL	sign permit	мо		\$30.00
10/5/2008	OFFICE MAX, 9370 BEN C PRATT SIX MILE FORT MYERS, FL 33968	office misc	PS		\$17.58
	SHELL, HOMESTEAD LEHIGH, FL 33972	gas	PS		\$33.42
11					
_/_/					
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FLORIDA DEPARTMENT OF CAMPAIGN TREASU	STATE DIVISION OF ELECTIONS
(1) DAVID ADAMS	
Name	
(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL	
Address (number and street)	Ост 2 2003
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: LEE COUNTY ELECTIO
(4) Check appropriate box(es): X Candidate (office sought): LEHIGH ACRE Political Committee	CHECK IF PC HAS DISBANDED
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED
Party Executive Committee Electioneering Communication	
	COMMUNICATION REPORTS WILL BE FILED
9/13/2008	To / Report Type G2
I Amendment Special Elec	ction Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$500.00	Monetary Expenditures \$ 1,661.43
Loans \$ 200.00	Transfers to Office Account <b>S</b>
Total Monetary \$ 700.00	Total
In-Kind \$0.00	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_
	ERTIFICATION 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.	e, I certify that I have examined this report and it is true, correct, and complete.
(Type name) Karer Hons	(Type name) DAUTS ADAMS
election eering commun.)	rer Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Kaller Adoms	X Variel Cistam
Signature	Signature

DS-DE 12	(Rev. i	08/04)
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## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	DAVID ADAMS				(2) I.D. Numbe	भ	86
(2) Cours- D	9/13/2008		9	1/26/2000			
(3) Cover Per	iod / /	thr	ough	//_	(4) Pag	je <u>1</u>	_ of _1
(5) Date	(7) Fuli Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	•	ontributor Occupation	Contribution Type	In-kind	A	
9/22/2008 / /	FLORIDA FIRE PAC, 345 W MADISON ST TALLAHASSEE, FL 32301	0	fl professio hal firefigh	Сн	Description	Amendment	Amount \$500.0
9/21/2008	ADAMS, DAVID 1110 MAGNOLIA AV LEHIGH, FL 33972		supv nat'l park serv	LO			\$200.0
2			paik serv				
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S-DE 13 (Rev. 08/03	)						

(1) Name DAV	CAMPAIGN TREASURER'S		D EXPENDI (2) I.D. Numbe					
(3) Cover Perio	9/13/2008 d//through	9/26/2008	[ <b>4) Page</b> 1		1			
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount			
9/21/2008 1	HOST GATOR,	web hosting	МО		\$8.9!			
9/26/2008	HOME DEPOT, FORT MYERS, FL	sign materials	MO		\$49.13			
9/26/2008 // 3	USPS,	postage	MÖ		\$271.00			
	ARTYPE INC, 3530 Work dr Fort Myers, FL 33916-7533	signs	мо		\$304.75			
1	ARTYPE INC, 3530 WORK DR FORT MYERS, FL 33916-7533	signs	МО		\$315.35			
9/23/2008	EAST SIDE PRINTING, LEHIGH, FL	ad	мо		\$275.00			
13	ARTYPE INC, 3530 WORK DR 70RT MYERS, FL 33916-7533	signs	МО		\$437.25			
//								

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) DAVID ADAMS	OFFICE USE ONLY 86						
Name							
(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 339	972						
Address (number and street)							
City, State, Zip Code							
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4)       Check appropriate box(es):         X       Candidate (office sought):         LEHIGH ACRES FIRE-4         Political Committee         Committee of Continuous Existence         Party Executive Committee							
Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT IDENTIFIERS 8/22/2008 9/12/2008 / Report Type G1 Cover Period: From / / To / Report Type G1							
I Original Amendment Special Electio	n Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$525.00	Monetary Expenditures \$ 511.61						
Loans \$ 200.00	Transfers to Office Account \$ 0.00						
Total Monetary \$ 725.00	Total						
In-Kind \$0.00	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.	I certify that I have examined this report and it is true, correct, and complete.						
(Type name) CVCA COVS	(Type name) DUID ADAUS Candidate Chairperson (only for PC, PTY & Plectionsering commun. organization)						
* Jacons	X Daniel Colour						
Signature	Signature						

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	DAVID ADAMS			(	2) I.D. Number	r i	36
	8/22/2008		9	/12/2008			
(3) Cover Per	iod / /	thr	ough	//	(4) Page	1	of _1
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ontributor	Contribution Type	In-kind Description	Amendment	Amount
9/6/2008 / / / 1	BURGESS, KATHY 4625 SW 13TH AV CAPE CORAL, FL 33914	I		CA	Dood padi		Amount \$25.00
9/6/2008 / /	FIREFIGHTERS & PARAMEDICS, SW FL PROFESSIONAL LOCAL 1826 2030 WEST 1ST ST, SUITE C FT MYERS, FL 33901	0	local 1826	СН			\$500.00
9/8/2008 / /	ADAMS, KAREN 1110 MAGNOLIA AV LEHIGH, FL 33972	I	admin	LO			\$200.00
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(1) Name	CAMPAIGN TREASURER'S		IZED EXPENDITURES (2) I.D. Number 86				
(3) Cover Perio	8/22/2008 d//through	9/12/2008	(4) Page <u>1</u>		1		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address & City State 3	(8) Purpose (add office sought if contribution to a	Expenditure	(10)	(11)		
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount		
8/22/2008	HOST GATOR,	monthly web hosting	MO		\$8.95		
8/22/2008	ORIENTAL TRADING, PO BOX 2308 OMAHA, NE 68103-2308	novelty items	мо		\$118.74		
8/30/2008	Tomber - Mercula						
3	Tombeng, Novita 11 Meeker Ave Edison, NJ 08817-5235	novelty items	MO		\$150.94		
0 (22 /2000							
8/22/2008	OFFICE DEPOT, 13550 CLEVELAND AV N FT MYERS, FL 33903	genl office supplies - campaign related	MÓ		\$52.98		
9/12/2008	PETTY CASH,	misc	MO		\$100.00		
		· · · · · · · · · · · · · · · · · · ·					
11	Lee County Code Enforcement, Hendry St Fort Myers, FL 33901	sign permit	мо		\$30.00		
	Lehigh Acres Community Council, Lehigh Acres, FL	politics in the park ii	мо		\$50. <u>0</u> 0		
7							
DS-DE 14 (Rev. 0	19/13)						

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY							
(1) DAVID ADAMS	OFFICE USE ONLY 86							
Name								
(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 339	72							
Address (number and street)								
City, State, Zip Code								
CHECK IF ADDRESS HAS CHANGED (3) UN Number:								
(4) Check appropriate box(es):								
Candidate (office sought): LEHIGH ACRES F								
Political Committee Committee of Continuous Existence	CHECK IF PC HAS DISBANDED							
Party Executive Committee	IRE-4     Image: Check if pc has disbanded       CHECK if cce has disbanded     Image: Check if cce has disbanded							
	CHECK IF NO OTHER ELECTIONEERING							
(5) REPORT	IDENTIFIERS							
Cover Period: From / / / To	8/21/2008 / Report Type F3							
I Original Amendment Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$221.31							
Loans \$ 0.00	Transfers to Office Account \$ 0.00							
Total Monetary \$ 0.00	Total							
<b>e</b> 0.00	Monetary \$ 221.31							
In-Kind \$								
	(8) Other Distributions \$ 0.00							
(9) TOTAL Monetary Contributions To Date \$1,100.00_	(10) TOTAL Monetary Expenditures To Date \$							
(11) CERT	IFICATION							
• •	ion 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.	I certify that I have examined this report and it is true, correct, and complete.							
(Type name) Karpak dans	(Type name) Manid Homes							
Individual (only for)	Candidate Chairperson (only for PC, PTY &							
electioneering commun.)	<pre>c clipetionecting commun. organization) c c clipetionecting commun. organization)</pre>							
Signature	Signature							

DS-DE 12 (Rev. 08/04)

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	DAVID ADAMS			(	2) I.D. Number	£	16
	8/2/2008 od / /		8	/21/2008 //	(4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
NUTIDE		i ype	Cocupation	Туре	Description		
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DS-DE 13 (Rev. 08/03)

) Name DAVI	<u>a /a /ana a</u>	/21/2008	2) I.D. Number		36
) Cover Period	8/2/2008 8 1/ through	/21/2008 // (4	I) Page1	of	1
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/2/2008	Oriental Trading, 11201 Gilles Road LaVista, NE 68128	candidates forum materials	мо		\$180.44
8/14/2008	Publix, Homestead Lehigh, FL	candidates forum materials	мо		\$31.92
8/16/2008 /// 3	Host Gator, 11251 NW Freeway Suite 400 Houston, TX 77092	web site hosting	MO		\$ <b>8</b> .95
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NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL POSTAGE WILL BE PAID BY ADDRESSEE SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888

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WAIVER OF REPORT (Section 106.07(7), F.S.)	OFFICE USE ONLY							
(PLEASE TYPE)								
	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								
Candidate Committee of Continuous Existence	Check box if address has changed since last report.							
Political Committee Party Executive Committee	Check here if PC or CCE has DISBANDED and will no longer file reports.							
	TYPE OF REPORT (Check Appropriate Box)							
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION							
January     J	46th day prior							
April I8th day prior	32nd day prior     TERMINATION REPORT							
July 4th day prior	18th day prior							
C October	4th day prior     SPECIAL ELECTION							
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN /	ACCOUNT FOR THE REPORTING PERIOD OF							
7/19/2008 through	gh8/1/2008 ( F2 )							
X David Gylenny Signature	Daniel Cilan 8 Aug 08							
SIGNATURES REQUIRED FOR: Candidates Candidate, Campaign	KOUN (HORS, MOGSUNG 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.								



FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

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POSTAGE WILL BE PAID BY ADDRESSEE SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS, FL 33902-9888

FLORIDA DEPARTMENT OF ST						
(1) DAVID ADAMS	OFFICE USE ONLY 86					
Name						
(2) 1110 MAGNOLIA AVE, LEHIGH ACRES, FL 3397	<u>12</u>					
Address (number and street)						
Other Oderha Zin Oneda	-1 V I					
City, State, Zip Code (3) ID Number: 86						
<ul> <li>(4) Check appropriate box(es):</li> <li>X Candidate (office sought): LEHIGH ACRES F</li> </ul>	IRE-4					
	CHECK IF PC HAS DISBANDED					
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED					
Party Executive Committee						
	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT	IDENTIFIERS					
Cover Period: From ///2008	7/18/2008 / Report Type F1					
I Original Amendment Special Election						
(6) CONTRIBUTIONS THIS REPORT						
Cash & Checks \$ 1,100.00	Monetary Expenditures \$65.75					
Loans \$0.00	(7) EXPENDITURES THIS REPORT         Monetary         Expenditures       \$ 65.75         Transfers to Office         Account       \$ 0.00         Total         Monetary       \$ 65.75					
Total Monetany \$ 1,100.00	Account 5 0.00					
Total Monetary \$	Monetary \$ 65.75					
In-Kind \$0.00	· · · · · · · · · · · · · · · · · · ·					
	(8) Other Distributions \$ 0.00					
(9) TOTAL Monetary Contributions To Date \$1,100.00_	(10) TOTAL Monetary Expenditures To Date \$65.75_					
(11) CEPI						
	IFICATION son to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,					
correct, and complete.	correct, and complete.					
(Type name) KULPH ACHS	(Type name) DAUID ADAUS					
Individual (only for Candidate Chairperson (only for PC, PTY &						
electioneering commun.)	X C					
Signature	Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

DAVID ADAMS	(2) I.D. Number			36		
4/1/2008		7				
riod / /	thr	ough	//	(4) Pa	ge _1	of _1
(7) Full Name (Last Suffix First Middle)		(8)	(9)	(10)	(11)	(12)
Street Address &		1	Contribution	In-kind		
ADAMS, DAVID P		Occupation	Туре	Description	Amendment	Amount \$100.0
1110 MAGNOLIA AV LEHIGH, FL 33972	-		CII			\$100.0
Firefighters & Paramedics Local 1826	- - -	local union 1826 <br< td=""><td>СН</td><td></td><td></td><td>\$500.00</td></br<>	СН			\$500.00
FL Professional Firefighters, 345 W Madison St Tallahassee, FL 32301-1625		professio hal	СН			\$500.00
	4/1/2008 riod / / / Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code ADAMS, DAVID P 1110 MAGNOLIA AV LEHIGH, FL 33972 SW FL Professional, Firefighters & Paramedics Local 1826 2030 West 1st St // Suite ( Fort Myers, FL 33901 FL Professional Firefighters, 345 W Madison St	4/1/2008 riod / / / thr (7) Full Name (Last, Suffix, First, Middle) Street Address & C City, State, Zip Code Type ADAMS, DAVID P 1110 MAGNOLIA AV LEHIGH, FL 33972 SW FL Professional, O Firefighters & Paramedics Local 1826 2030 West 1st St // Suite C Fort Myers, FL 33901 FL Professional O Firefighters, 345 W Madison St	4/1/2008       7         riod       /       /       through         (7)       (8)         Full Name       (1/2008)       Contributor         (Last, Suffix, First, Middle)       Street Address &       Contributor         Street Address &       Contributor         ADAMS, DAVID P       I         1110 MAGNOLIA AV       I         LEHIGH, FL 33972       I         SW FL Professional O       local         Firefighters &       union         Paramedics       1826 Iocal 1826         Local 1826       0         2030 West 1st St // Suite C       Fort Myers, FL 33901         FL Professional       0       f1         Firefighters,       professio         345 W Madison St       nal	4/1/2008       7/18/2008         riod       /       /       /       /         (7)       (8)       (9)         Full Name       Contributor       Contributor         (Last, Suffix, First, Middle)       Street Address &       Contributor       Contributor         Street Address &       Contributor       Type       Occupation       Type         ADAMS, DAVID P       I       CH       CH         1110 MAGNOLIA AV       LEHIGH, FL 33972       CH       CH         SW FL Professional, O       local       CH         Firefighters &       niion       Rate         Paramedics       local 1826       Ch         2030 West 1st St // Suite C       Fort Myers, FL 33901       CH         F1 Professional       O       f1       CH         Firefighters,       0       f1       CH         Street Address (Date of the profession)       Note       CH         SW FL Professional       O       f1       CH	4/1/2008       7/18/2008         riod       /       /       /       /       (4) Parent for through         (7)       (8)       (9)       (10)         Full Name       Contributor       Contributor       In-kind         (Last, Suffix, First, Middle)       Street Address &       Contributor       Contributor         Street Address &       Contributor       Contributor       In-kind         ADAMS, DAVID P       I       CH       Description         ADAMS, DAVID P       I       CH       CH         1110 MAGNOLIA AV       I       CH       Description         SW FL Professional, O       local       CH       In-kind         Firefighters &       Inon       Is26 Paramedics       CH       Inon         Is26 < lor	4/1/2008       7/18/2008         riod       /       /       /       /       (4) Page       1         (7)       (7)       (8)       (9)       (10)       (11)         Full Name       /       /       /       /       (10)       (11)         (Last, Suffix, First, Middle)       Street Address &       Contributor       Contribution       In-kind       Description         ADAMS, DAVID P       I       CH       CH       Description       Amendment         ADAMS, DAVID P       I       CH       CH       In-kind       Description         SW FL Professional O       local       CH       CH       In-kind       In-kind         SW FL Professional O       local       CH       In-kind       In-kind       In-kind         SW FL Professional O       local       CH       In-kind       In-kind       In-kind         Firefighters &       Inion       In-kind       In-kind       In-kind       In-kind         Jata McBoultA AV       Inon       In-kind       In-kind       In-kind       In-kind         SW FL Professional O       local       In-kind       In-kind       In-kind       In-kind         Firefighters, FL 33901

(1) Name	CAMPAIGN TREASURER'S ID ADAMS		D EXPENDi1 (2) I.D. Numbe		86
(3) Cover Perio	4/1/2008 7 xd/ through	/18/2008	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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	МО		\$19.80
7/12/2008 // 2	Bank of America, Homestead Rd Lehigh Acres, FL	monthly maint fee, bank acct	MO		\$17.00
7/13/2008	Host Gator, 11251 NW Freeway // Suite 400 Houston, TX 77092	web site domain & july monthly hosting	мо		\$28.95
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