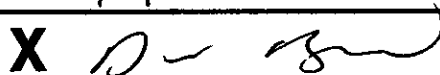


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	Desmond Barrett		
Residence Address	710 Cleveland Ave		
City and Zip Code	Lehigh Acres 33972		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-745-2413	OR	
Email Address	desmondbarrett@aol.com		
Office Sought	East County Water Control District Seat # 3		
Area, District, Group Or Seat Number	Seat 3		
Political Party (If Applicable)	Non-Partisan		
Date Of Birth Or Voter ID #	10-19-78		
Date	5/28/08		
Candidate Signature	<input checked="" type="checkbox"/> 		

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.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate <u>Desmond Barrett</u>	1. Address (include post office box or street, city, state, zip code) <u>710 Cleveland Ave Lehigh Acres FL 33972</u>
---	---

Telephone (optional) <u>(239) 745-2413</u>	2. Party (Partisan candidates only) <u>Non-Partisan</u>	3. Office (add district, circuit, group number) <u>East County Water Control District Seat #3</u>
---	--	--

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

4. Name of ~~Treasurer~~ or Deputy Treasurer
Desmond Barrett

5. Mailing Address (If post office box or drawer add street address) <u>710 Cleveland Ave</u>	6. Telephone <u>239-745-2413</u>
--	-------------------------------------

7. City <u>Lehigh Acres</u>	8. County <u>Lee</u>	9. State <u>Florida</u>	10. Zip Code <u>33972</u>
--------------------------------	-------------------------	----------------------------	------------------------------

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

11. Name of Bank <u>Sun Trust</u>	12. Street Address <u>1110 Homestead Rd, N.</u>
--------------------------------------	--

13. City <u>Lehigh Acres</u>	14. County <u>Lee</u>	15. State <u>FL</u>	16. Zip Code <u>33936</u>
---------------------------------	--------------------------	------------------------	------------------------------

17. Signature of Candidate <u>X</u> 	Date <u>5/23/08</u>
--	------------------------

Campaign Treasurer's Acceptance of Appointment

I, Desmond Barrett, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Desmond Barrett Lehigh Acres Water Control District
Seat # 3

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

East County Water Control District . As a duly registered voter in Lee
Seat # 3

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 23, 2008 X 
Date Signature of Campaign Treasurer or Deputy Treasurer

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

I, Desmond Barrett, am a candidate for the Special District
(print name)

office of: East County Water Control District Sect # 3
(district name and district #, seat #, or area#)

in the November 4, 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 
Signature of Candidate

5/23/08
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

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Desmond Barrett,

candidate for the office of East County Water Control District Seat #3

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

X



Signature of Candidate

5/23/08

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).

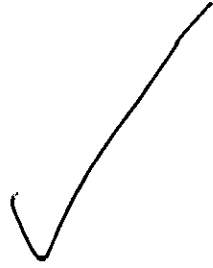
**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Lee COUNTY

OFFICE USE ONLY



I,

<u>Desmond</u> First Name	 Middle Name/Initial	<u>Barrett</u> 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, Desmond Barrett
(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 East County Water Control, Seat 3,
(office) (district) (group)

My legal residence is 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 Desmond Barrett (239) 745-2413 Desmondbarrett@col.com
Signature of Candidate Daytime Telephone Number Email Address

710 Cleveland Ave Lehigh Acres FL 33972
Address City State ZIP Code

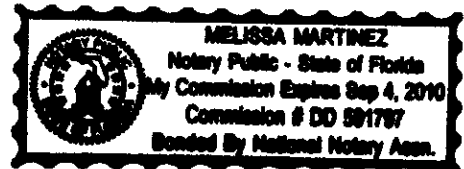
Sworn to (or affirmed) and subscribed before me this 23 day of May, 2008.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:

Melissa Martinez
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



SCANNED

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Barrett Desmond

MAILING ADDRESS :

710 Cleveland Ave

Lehigh Acres 33972 Lee

CITY : ZIP : COUNTY :

NAME OF AGENCY :

East County Water Control District Seat #3

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

COPY

08MAY30PM1225 SDE Lee Co Fl

PDF 2007

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 APPOINTEE

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):

[X] 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):

[X] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

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

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Guadalupe Center of Immokalees, 509 Hope Circle, Non-profit.

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

Table with 4 columns: 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]

710 Cleveland Ave Lehigh Acres

FILING INSTRUCTIONS for when and where to file this form are located 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.

SCANNED

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
OCWEN	PO Box 6440 Carol Stream IL
KIA Motors Company	PO Box 20825 Fountain Valley CA

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 ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): 

DATE SIGNED (required): 5/28/08

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 disclosure form (Form 1F) within 60 days of the end of office or employment.



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

OFFICE USE ONLY 82
**FINAL
REPORT**

(1) DESMOND BARRETT
Name

(2) 710 CLEVELAND 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): EAST COUNTY WATER CONTROL-3

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 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 \$ 60.00

Loans \$ 0.00

Total Monetary \$ 60.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 197.95

Transfers to Office Account \$ 0.00

Total Monetary \$ 197.95

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,785.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,785.00

(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.

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

(Type name)

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

X 

X 

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DESMOND BARRETT **(2) I.D. Number** 82
 10/31/2008 through 2/2/2009
(3) Cover Period / / through / / **(4) Page** 1 of 1

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(7) (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
12/15/2008 / / 1	Lee County Code Enforcment, Hendry Street Port Myers, FL 33912	O	lee county return of sig	RE			\$60.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DESMOND BARRETT

(2) I.D. Number 82

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/6/2009 //	Barrett, Desmond 710 Cleveland Ave N Lehigh Acres, Fl 33972	repay cand. loan	RE		\$197.95
1					
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FT MYERS FL 339

31 JAN 2009 PM 6 T

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**

09FEB03PM0246 SDEL Co FI



WAIVER OF REPORT

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

(PLEASE TYPE)

DESMOND BARRETT
710 CLEVELAND AVE
LEHIGH ACRES, FL 33972

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

Address (Number and Street)

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.

OFFICE USE ONLY

82

EAST COUNTY WATER CONTROL-3

Identification Number (Assigned by Division
of Elections)

Office Sought (Include District, Circuit or
Group Number)

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

10/11/2008 through 10/30/2008 (G4)

X

Signature

Date

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.

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

(1) DESMOND BARRETT

Name

(2) 710 CLEVELAND 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): EAST COUNTY WATER CONTROL-3

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 \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 913.50

Transfers to Office Account \$ 0.00

Total Monetary \$ 913.50

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,725.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,587.05

(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)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

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

X
Signature

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DESMOND BARRETT (2) I.D. Number 82

9/27/2008 through 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		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9/30/2008 / /	Bundschu, Chris 6700-1 Daniels Parkway Fort Myers, Fl 33912	I	construct ion	CH			\$500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DESMOND BARRETT

(2) I.D. Number 82

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

(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
(6) Sequence Number					
10/6/2008 / /	Artype Inc., 3530 Work Drive Fort Myers, Fl 33916-7533	mailing	MO		\$238.50
1					
10/6/2008 / /	United State Postal Service, Immokalee, Fl 34142	stamps	MO		\$675.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
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/ /					
/ /					

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

(1) DESMOND BARRETT
Name

(2) 710 CLEVELAND 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): EAST COUNTY WATER CONTROL-3

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 9/13/2008 To 9/26/2008 / Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 440.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 440.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,225.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,673.55

(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)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DESMOND BARRETT (2) I.D. Number 82

(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) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/22/2008 / / 1	Teamsters Union Local 79, 5818 East MLK Jr., Blvd. Tampa, FL 33619-1033	O	union	CH			\$500.00
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DESMOND BARRETT

(2) I.D. Number 82

(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
(6) Sequence Number					
9/19/2008 //	Eastside Printing, 53 Homestead Road Lehigh Acres, Fl 33936	printing	MO		\$440.00
1					
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DESMOND BARRETT

Name

(2) 710 CLEVELAND 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): EAST COUNTY WATER CONTROL-3

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 8/22/2008 To 9/12/2008 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,000.00

Loans \$ 100.00

Total Monetary \$ 1,100.00

In-Kind \$ 200.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,933.55

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,933.55

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,725.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,233.55

(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)

Desmond Barrett

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Desmond Barrett

Signature

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

(Type name) Desmond Barrett

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

X *Desmond Barrett*

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DESMOND BARRETT (2) I.D. Number 82

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		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
9/5/2008 / / 1	Sun & Comfort Management Inc., 237 Joel Blvd. Lehigh Acres, FL 33972	B	business	CH			\$500.00
9/6/2008 / / 2	Hunt, Paulette 202 West Jersey Road Lehigh Acres, FL 33936	I	retired	CH			\$500.00
9/6/2008 / / 3	Barrett, Desmond 710 Cleveland Ave N Lehigh Acres, FL 33972	I	candidate	LO			\$100.00
8/30/2008 / / 4	Binkley, Curt 1617 Magnolia Lehigh Acres, FL 33972	I	contractor	IK	wood/nails		\$200.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DESMOND BARRETT

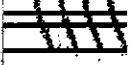
(2) I.D. Number 82

(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
(6) Sequence Number					
8/30/2008 / / 1	Lee County Code Enforcment, Hendry Street Fort Myers, Fl	sign deposit	MO		\$60.00
8/26/2008 / / 2	Arytpe, 3530 Work Drive Fort Myers, Fl 33916	signs	MO		\$567.10
9/12/2008 / / 3	Artype, 3530 Work Drive Fort Myers, Fl 33916	signs/sta nds	MO		\$1,306.45
/ /					
/ /					
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IN THE
UNITED STATES



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18 SEP 2008 PM 6 L

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



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

(1) DESMOND BARRETT

Name

(2) 710 CLEVELAND AVE, LEHIGH ACRES, FL 33972

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY 82

(4) Check appropriate box(es):

Candidate (office sought): EAST COUNTY WATER CONTROL-3

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 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 \$ 1,600.00

Total Monetary \$ 1,600.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 275.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 275.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,625.00

(10) TOTAL Monetary Expenditures To Date

\$ 300.00

(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.

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

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

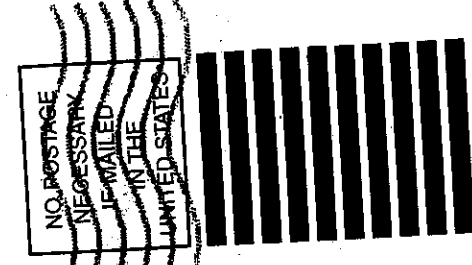
X

X

Signature

Signature

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PO BOX 2545
FORT MYERS, FL 33902-9888



08AUG25PM0147SDELee Co FL

WAIVER OF REPORT

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

(PLEASE TYPE)

DESMOND BARRETT
710 CLEVELAND AVE
LEHIGH ACRES, FL 33972

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

Address (Number and Street)

City State Zip Code

Candidate

Committee of Continuous Existence

Political Committee

Party Executive Committee

OFFICE USE ONLY

82

EAST COUNTY WATER CONTROL-3

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

Check box if address has changed since last report.

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

Signature

8/5/08

Date

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.

08R110077M0234 SDE L&E Co F1

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

(1) Desmond BARNETT
Name

(2) 710 Cleveland Ave N
Address (number and street)

Lehigh Acres, Fl. 33972
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): East County Water Control District Seat 3
- 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 04 / 01 / 08 To 07 / 18 / 08 Report Type FI

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ 25.00

Total Monetary \$ 25.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 25.00

Transfers to Office Account \$ _____

Total Monetary \$ 25.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 25.00

(10) TOTAL Monetary Expenditures To Date

\$ 25.00

(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.

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

(Type name) _____

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

X Desmond Barnett
Signature

X Desmond Barnett
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Desmond Barrett (2) I.D. Number _____

(3) Cover Period 04/01/08 through 07/18/08 (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) Sequence Number		Type	Occupation	Type	Description		Amount
5/28/08 1	Desmond Barrett 710 Cleveland Ave N Lehigh Acres FL 33572	I	Candidate	Loan			\$25.00
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Desmond B. Bluff (2) I.D. Number _____

(3) Cover Period 04 / 01 / 08 through 07 / 18 / 08 (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
(6) Sequence Number					
6/16/08	Lee County Supervisor of Elections P.O. Box 2545 Ft. Myers, FL 33907	ECWCD seats Filing Fee	MOR		\$125.00
///					
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