

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

<b>Candidate Name</b>			
<b>Residence Address</b>	BECKER, LARRY		111416958
<b>City and Zip Code</b>	644 PARKDALE BLVD		
	LEHIGH ACRES FL 33974		
<b>Mailing Address (if different)</b>			
<b>Telephone Number(s) (Daytime)</b>	402-968-5462	OR	
<b>Email Address</b>	lbeck42@hotmail.com		
<b>Office Sought</b>	LEHIGH ACRES FC		
<b>Area, District, Group Or Seat Number</b>	SEAT 3		
<b>Political Party (If Applicable)</b>	NON		
<b>Date Of Birth Or Voter ID #</b>	111416958		
<b>Date</b>	5/8/08		
<b>Candidate Signature</b>	X <i>Larry Becker</i>		

**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

\*OBMAY14PH032950E Lee Co Fl

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  
*Becker Larry*  
*644 Parkdale Blw*  
*Lehigh Acres FL 33974*

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

Telephone (optional)  
*(402) 968 5462*

2. Party (Partisan candidates only)  
*NON*

3. Office (add district, circuit, group number)  
*LAFCL 5-3*

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

4. Name of Treasurer or Deputy Treasurer  
*Becker Larry*

5. Mailing Address (If post office box or drawer add street address)  
*644 Parkdale Blw*

6. Telephone  
*402 968 5462*

7. City  
*Lehigh Acres*

8. County  
*Lee*

9. State  
*FL*

10. Zip Code  
*33974*

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

11. Name of Bank  
*Colonial Bank*

12. Street Address  
*2511 Lee Blw*

13. City  
*Lehigh Acres*

14. County  
*Lee*

15. State  
*FL*

16. Zip Code  
*33971*

17. Signature of Candidate  
*X Larry Becker*

Date  
*5-11-08*

**Campaign Treasurer's Acceptance of Appointment**

I, *Larry Becker*, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of *Larry Becker*

who is seeking nomination or election as a *NON* candidate to the office of  
(Party)

*LAFCL (5-3)* 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.**

*5-11-08*  
Date

*X Larry Becker*  
Signature of Campaign Treasurer or Deputy Treasurer



FORM 12204 11-06 SOE L&C of FI

<b>STATE OF FLORIDA</b> <b>APPOINTMENT OF CAMPAIGN TREASURER</b> <b>AND DESIGNATION OF CAMPAIGN</b> <b>DEPOSITORY FOR CANDIDATES</b> (Section 106.021(1), F.S.)  (PLEASE TYPE)				<b>OFFICE USE ONLY</b>			
<b>CHECK APPROPRIATE BOX:</b> <input checked="" type="checkbox"/> Original Appointment <input type="checkbox"/> Deputy Treasurer <input type="checkbox"/> Reappointment of Treasurer <input type="checkbox"/> Secondary Depository							
Name of Candidate <i>Becker Larry</i> <i>644 Parkdale Blvd</i> <i>Lehigh Acres FL 33974</i>			1. Address (include post office box or street, city, state, zip code)				
Telephone (optional) <i>(402) 968-5462</i>		2. Party (Partisan candidates only) <i>NON</i>		3. Office (add district, circuit, group number) <i>LAFCL 5-3</i>			
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer							
4. Name of Treasurer or Deputy Treasurer <i>Becker Larry</i>							
5. Mailing Address (If post office box or drawer add street address) <i>644 Parkdale Blvd</i>				6. Telephone <i>402 968-5462</i>			
7. City <i>Lehigh Acres</i>		8. County <i>Lee</i>		9. State <i>FL</i>			
				10. Zip Code <i>33974</i>			
I have designated the following named bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository							
11. Name of Bank <i>Colonial Bank</i>			12. Street Address <i>2511 Lee Blvd</i>				
13. City <i>Lehigh Acres</i>		14. County <i>Lee</i>		15. State <i>FL</i>			
				16. Zip Code <i>33971</i>			
17. Signature of Candidate <i>X Larry Becker</i>				Date <i>5-11-08</i>			
<b>Campaign Treasurer's Acceptance of Appointment</b>							
I, <u><i>Larry Becker</i></u> , do hereby accept the appointment as <small>(Please Print or Type)</small>							
<input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer            for the campaign of <u><i>Larry Becker</i></u>							
who is seeking nomination or election as a <u><i>NON</i></u> candidate to the office of <small>(Party)</small>							
<u><i>LAFCL (5-3)</i></u> . As a duly registered voter in <u><i>Lee</i></u>							
County, Florida, I am qualified to accept this appointment.							
<b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S</b> <b>ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.</b>							
<u><i>5-11-08</i></u> Date		<u><i>X Larry Becker</i></u> Signature of Campaign Treasurer or Deputy Treasurer					

SCANNED

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES  
(Section 106.021(1), F.S.)

OFFICE USE ONLY

OBSOLETE

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment

BECKER, LARRY  
644 PARKDALE BLVD  
LEHIGH ACRES FL 33974

111416958

Secondary Depository

Name of Candidate

or street, city, state, zip code)

Telephone (optional)

408-968-5462

2. Party (Partisan candidates only)

NON

3. Office (add district, circuit, group number)

LAFCS-3

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

111416958

5. Mail  
BECKER, LARRY  
644 PARKDALE BLVD  
LEHIGH ACRES FL 33974

6. Telephone

408-968-5462

7. City

e

10. Zip Code

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

COLONIAL BANK

12. Street Address

1190 HOMESTEAD

13. City

LEHIGH ACRES

14. County

LEE

15. State

FL

16. Zip Code

33936

17. Signature of Candidate

X Larry Becker

Date

5/8/08

Campaign Treasurer's Acceptance of Appointment

I, LARRY BECKER, do hereby accept the appointment as

(Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of

LARRY BECKER

who is seeking nomination or election as a

NON

candidate to the office of

(Party)

LAFCS-3

As a duty 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.

5/8/08

Date

X Larry Becker

Signature of Campaign Treasurer or Deputy Treasurer

Due: 5/19/08

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

111416958

BECKER, LARRY  
644 PARKDALE BLVD  
LEHIGH ACRES FL 33974

I, \_\_\_\_\_,

candidate for the office of LEHIGH ACRES FC S-3 ;

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

X Larry Becker  
Signature of Candidate

5/8/08  
Date

2008/05/14 PM 03:30 SDET Lee Coff

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, Larry Becker, am a candidate for the Special District  
(print name)

office of: Lehigh Acres FL Fire District Board of Commissioner Seat #3  
(district name and district #, seat #, or area#)

in the 11-4-08 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.

Larry Becker  
Signature of Candidate

5-8-08  
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

## Candidate Name Pronunciation Request

**OFFICE SOUGHT:** *Board of Commissioners Lehigh Acres Fire Dist  
Seat #3*

Name On Ballot	Pronounced As
<i>Larry Becker</i>	

### **Pronunciation Guide**

- In the "NAME ON BALLOT" column, enter the name as it appears on your ballot (First, Middle, Last).
- In the "PRONOUNCED AS" column, enter the breakdown using the PRONUNCIATION KEY below. Capitalize STRESSED syllables, use lower case for unstressed syllables.
- You should also add any notes such as rhyming examples, silent letters, etc. Also provide pronunciations for ambiguous place names, first names and surnames. Use dashes (-) to separate syllables.

### **Samples**

NAME ON BALLOT	PRONOUNCED AS
William Mishaud	mee-SHO ('d' is silent)
Sue Jahn	HAHN (rhyme: fawn)
Tim Beauprez	boo-PRAI (rhyme: hooray)
Robert Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte Anthony	mahn TAI
Tanya Smither	TAWN-yuh (not TAN)

**SCANNED**

08JUN16PM1228 50E Lee Co FL

**LOYALTY OATH FOR  
NON-PARTISAN OFFICE**  
(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

Lee COUNTY

I, <u>Larry</u>		<u>Becker</u>
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, Larry Becker  
(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 Board of Commissioners, Lehigh Acres Fire district Seat # 3.  
(office) (district) (group)

My legal residence is \_\_\_\_\_ 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.

Larry Becker (402) 968 5462 lbecker42@hotmail.com

Signature of Candidate Daytime Telephone Number Email Address

644 PoinDale Blvd Lehigh Acres FL 33974

Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 21 day of May, 2008.

Personally Known: \_\_\_\_\_ or  
Produced Identification: FL Dr. Lic  
Type of Identification Produced:

Janet M. Syczyk  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public





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 :  
*Larry Becker*

MAILING ADDRESS :  
*644 Parkdale Blvd*

CITY : *Lehigh Acres* ZIP : *33974* COUNTY : *Lee*

NAME OF AGENCY :  
*Lehigh Acres Fire District*

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
*Board of Commissioners Seat # 3*

Check only if  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code \_\_\_\_\_

ID No. \_\_\_\_\_

Conf. Code \_\_\_\_\_

P. Req. Code \_\_\_\_\_

PDF 2007

08JUN03PM10538 SDE Lee Co Fl

"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
<i>Carlson Systems LLC</i>	<i>10840 Harney ST Om NE 69154</i>	<i>Distribution</i>

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
<i>Retirement Fund</i>	<i>Carlson Systems LLC</i>	<i>10840 Harney ST Om NE 69154</i>	<i>Distribution</i>

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

*Res. Lence*

**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.



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
<i>Assoc. Vending</i>	<i>53th Bank</i>
<i>Auto</i>	

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): *Larry Becker* DATE SIGNED (required):

**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.



FAX

Date 5-11-08

To (Name) Bernie Feliciano  
 Company Qualitying Officer  
 FAX Number 239 533 6310  
 Number of Pages (Including Cover Sheet) 3

From (Name) Larry Becker  
 Carlson Systems Location  
 Reply to FAX Number 239-369-9756  
 Contact PHONE Number 402 968 5462

attached is the form DS-DE 9 - The Colonial Bank I used is on Lee Blvd. We had the one on Homestead

Any questions please call - 402-968-5462

*LB*  
 Larry Becker

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

OFFICE USE ONLY 72

(1) LARRY BECKER

**Name**

(2) 644 PARKDALE BLVD, LEHIGH ACRES, FL 33974

**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-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

**FINAL REPORT**

**(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 \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 117.86

Transfers to Office Account \$ 0.00

Total Monetary \$ 117.86

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 780.00

(10) TOTAL Monetary Expenditures To Date

\$ 780.00

**(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)

Larry Becker

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Larry Becker  
Signature

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

(Type name)

Larry Becker

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

Larry Becker  
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LARRY BECKER (2) I.D. Number 72

(3) Cover Period 10/31/2008 through 2/2/2009 (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							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LARRY BECKER

(2) I.D. Number 72

(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					
11/12/2008 / /	Becker, Larry 644 Parkdale Blvd Lehigh Acres, FL 33974	re-paid original loan from 5-9-08	MO		\$117.86
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

# WAIVER OF REPORT

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

(PLEASE TYPE)

LARRY BECKER  
644 PARKDALE BLVD  
LEHIGH ACRES, FL 33974

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

Address (Number and Street)

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. |

OFFICE USE ONLY  
72

LEHIGH ACRES FIRE-3

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

### TYPE OF REPORT (Check Appropriate Box)

- |                                  |   |   |   |
|----------------------------------|---|---|---|
| <b>QUARTERLY REPORTS</b>         | <b>PRIMARY ELECTION</b>                 | <b>GENERAL ELECTION</b>                           |   |
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 46th day prior           |   |
| <input type="checkbox"/> April   | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior           | <input type="checkbox"/> TERMINATION REPORT |
| <input type="checkbox"/> July    | <input type="checkbox"/> 4th day prior  | <input type="checkbox"/> 18th day prior           | <input type="checkbox"/> SPECIAL ELECTION   |
| <input type="checkbox"/> October |   | <input checked="" type="checkbox"/> 4th day prior |   |

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

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

Larry Becker  
Signature

10-29-08  
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.

08D0CT31PM1046 SDE Lee Co FI

# WAIVER OF REPORT

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

(PLEASE TYPE)

LARRY BECKER  
644 PARKDALE BLVD  
LEHIGH ACRES, FL 33974

## OFFICE USE ONLY

72

LEHIGH ACRES FIRE-3

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

9/27/2008 through 10/10/2008 ( G3 )

Larry Becker  
Signature

10-9-08  
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.

08DUCT10PM0337 SDE Lee Co Fl



# WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

72

**LARRY BECKER**  
644 PARKDALE BLVD  
LEHIGH ACRES, FL 33974

**LEHIGH ACRES FIRE-3**

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

#### PRIMARY ELECTION

#### GENERAL ELECTION

- |                                  |   |  |   |
|----------------------------------|---|--|---|
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 48th day prior            |   |
| <input type="checkbox"/> April   | <input type="checkbox"/> 18th day prior | <input checked="" type="checkbox"/> 32nd day prior | <input type="checkbox"/> TERMINATION REPORT |
| <input type="checkbox"/> July    | <input type="checkbox"/> 4th day prior  | <input type="checkbox"/> 18th day prior            | <input type="checkbox"/> SPECIAL ELECTION   |
| <input type="checkbox"/> October |   | <input type="checkbox"/> 4th day prior             |   |

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

9/13/2008 through 9/26/2008 ( G2 )

**X** Larry Becker  
Signature

9-27-08  
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.





**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LARRY BECKER

(2) I.D. Number 72

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

(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
(6) Sequence Number					
// /					
// /					
// /					
// /					
// /					
// /					

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

OFFICE USE ONLY 72

(1) LARRY BECKER  
Name

(2) 644 PARKDALE BLVD, LEHIGH ACRES, FL 33974  
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-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 \$ 20.00

Loans \$ 0.00

Total Monetary \$ 20.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 363.58

Transfers to Office Account \$ 0.00

Total Monetary \$ 363.58

(8) Other Distributions \$ 0.00

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

\$ 680.00

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

\$ 662.14

**(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) Larry Becker  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Larry Becker  
Signature

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

(Type name) Larry Becker  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

X Larry Becker  
Signature

\*08/11/2008 11:45 SDE Lee Co FI



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LARRY BECKER

(2) I.D. Number 72

8/2/2008 through 8/21/2008

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8/14/2008 //	Artype Inc., 3530 Work Drive Port Myers, FL 33916	campaign sign's & stands	MO		\$363.58
1					
//					
//					
//					
//					
//					
//					
//					
//					

# WAIVER OF REPORT

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

(PLEASE TYPE)

LARRY BECKER  
644 PARKDALE BLVD  
LEHIGH ACRES, FL 33974

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

Address (Number and Street)

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. |

OFFICE USE ONLY

72

LEHIGH ACRES FIRE-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

- 48th 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 Larry Becker  
Signature

7.19.08  
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.





## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LARRY BECKER (2) I.D. Number 72

(3) Cover Period 4/1/2008 through 7/18/2008 (4) Page 1 of 0

(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				
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LARRY BECKER

(2) I.D. Number 72

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

(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
(6) Sequence Number					
// /					
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// /					



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LARRY BECKER (2) I.D. Number 72

(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) Contributor Type   Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
5/9/2008 / /	Becker, Larry 644 Parkdale Blvd Lehigh Acres, FL 33974	I   retired candidate	LO	original loan to start campaign		\$500.00
1						
7/14/2008 / /	Cunnius, Frank 696 Grass Cove St. Lehigh Acres, FL 33974	I   retired	CH	for t shirts & personnel donation		\$100.00
2						
7/14/2008 / /	Handley, Kimberly 644 Parkdale Blvd Lehigh Acres, FL 33974	I	CA	donation for t shirts. \$15.00 ea.		\$15.00
3						
7/14/2008 / /	Knott, Steve 638 Parkdale Blvd Lehigh Acres, FL 33974	I	CA	donation purchased a t-shirt		\$15.00
4						
7/19/2008 / /	Knott, Pat 638 Parkdale Blvd Lehigh Acres, FL 33974	I	CA	donation purchased a t-shirt		\$15.00
5						
7/19/2008 / /	Shipp, Estelle 637 Parkdale Blvd Lehigh Acres, FL 33974	I	CA	donation for t-shirts		\$15.00
6						
/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name LARRY BECKER

(2) I.D. Number 72

(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
7/7/2008 / /	Vista Print, 887 Inkster Rd Taylor, MI 48180	t shirt's & campaign cards	MO		\$238.81
1					
7/7/2008 / /	Inkjetstar.com, 9040 Telstar Ave. Suite 131 El Monte,, CA 91731-2839	ink & copier paper.	MO		\$59.75
2					
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