Lee SOE Form 08-2007

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	
	TERRY P. DETTMAR
Residence Address	18247 USEPPA RO
City and Zip Code	FT MYERS 33967
Mailing Address (if different)	Check if same as above.
Telephone Number(s) (Daytime)	239-340-9296 OR
Email Address	DETT 69 @ EMBARQ MAIL. COM
Office Sought	San Carlos Fire Comm.
Area, District, Group Or Seat Number	Seat4
Political Party (If Applicable)	NON
Date Of Birth Or Voter ID #	12-21-55
Date	JUNE 6, 2008
Candidate Signature	X Fro Dettim

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.

**SCANNED** 

## STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE TYPE)

#### **OFFICE USE ONLY**

111671030

DETTMAR, TERRY P 18247 USEPPA RD FORT MYERS FL 33967

CHECK APPROPRIATE BOX:	l
Original Appointment Deputy Treasurer	Reappointment of Treasurer Secondary Depository
Name of Candidate  TERRY	Address (include post office box or street, city, state, zip code)
Telephone (optional) 2. Party (Partisan candidates or 339 340 - 9294	3. Office (add district, circuit, group number)  San Carlos FC 5-4
	ampaign Treasurer Deputy Treasurer
4. 1116710 DETTMAR, TERRY P 18247 USEPPA RD	
5. FORT MYERS FL 33967	6. Telephone 239-340-9296
7.	. State 10. Zip Code
I have designated the following named bank as my	imary Depository Secondary Depository
11. Name of Bank EDISON NAT'L RANK	12. Street Address 2105 / ST
13. City  FT MYERS  14. County  LEE	15. State 16. Zip Code F L 3 2 9 0 1
17. Signature of Candidate	Date 7-9-08
Campaign Treasurer's	Acceptance of Appointment
(Please Print or 1824	TMAR, TERRY P 200 200 200 200 200 200 200 200 200 2
who is seeking nomination or election as a	the office of
5CPFC (54) . Asadu	(Party) LEE
County, Florida, I am qualified to accept this appointment.	
	I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ND THAT THE FACTS STATED ARE TRUE.
7-9-08 X	Signature of Campaign Treasurer or Deputy Treasurer

# STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

#### OFFICE USE ONLY

(Section	Y FOR CANDIDAT 106.021(1), F.S.) EASE TYPE)	ES	18247 USE	, TERRY P EPPA RD ERS FL 339	<b>9</b> 67	1116	371030
CHECK APPROPRIATE BO	эх: 						
Original Appointment	Deputy Treas	urer		ntment of Trea	_		ary Depository
Name of Candidate						or street, city, sta	
Telephone (optional) (239)340-9296	2. Party (Partisan can		nly)	3. Office (ad		, circuit, group nu 54	mber)
I have appointed the following	ng person to act as my	Ca	ımpaign Treası	urer	Deputy	y Treasurer	
4. Name of Treasurer or Der  DETTMAR, T 18247 USEP	TERRY P	11	1671030		6. T	elephone	
	RS FL 33967					39-340-9	296
7. City			9			10. Zip Code	<u> </u>
I have designated the followi	ing named bank as my	<b>∠</b> Pri	mary Deposito	ory S	econdar	y Depository	-
Den	2 Bank	*	12. Street	31 0	.Ta	mismi	
Fort Myes	14. Courv	Jee_		15. State	,_ <u>.</u>	16. Zip Cod	912
17. Signature of Candidate	tr					Date 6/6/0	18
U	Campaign Treas	surer's /	Accentanc	e of Anno	sintme	nt 11167	1030
·	(Please Print or	Туре	DETTMAR, 1 18247 USEP FORT MYER	PA RD	7		tment as
Campaign Treasurer who is seeking nomination of		er				candidate t	o tne office of
SCPFC	(54)	. As a du	(Party) lly registered v		۷	 EE	
County, Florida, I am qualifie	, , , , ,						
UNDER PENALTIES C ACC	OF PERJURY, I DECLA CEPTANCE OF APPOIN	RE THAT I	HAVE READ ND THAT THE	THE FOREG	OING CA	AMPAIGN TREAS E TRUE.	SURER'S
6/6/	/08/	<u>X</u>	Signature	Substitute of Campaign	Treasure	r or Deputy Treas	el iror
			(-)	N. A	)   Out	or populy rious	urei

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type)

Signature of Candidate

OFFICE USE ONLY

1, TERRY P.		,
candidate for the office of	San Carlos Fire C	1mm (5-4);
have received, read and u	inderstand the requirements of	Chapter 106,
Florida Statutes.		
x Andtha		6-6-08

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).

DS-DE 84 (Rev. 08/03)

Date

# AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida County of Lee

I <u>, TERR</u>	y P. DET	TMAR	, ;	am a candidate	for the Special District
office of:_	SAN CARLOS	PARK (district no	Fire	DisTRICT	SEAT#4
			mio and die	3010t #, 30at #, OI all	i <del>an</del> j
in the	///04/08 (date of election	<del> </del>	<u>election</u>	. I understand	that my only campaign
	(2212 DI 010011011	,			

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, <u>I will not be required to</u>: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 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, <u>prior to doing so</u>, I understand that <u>I AM REQUIRED TO FIRST FILE</u> Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

X John 6-6-08
Signature of Candidate Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

History 2007 HB537, FS 99.061, FS Chapter 106.021 Revised-3/6/2008 Lee County Special District Forms

SCANNED

### LOYALTY OATH FOR NON-PARTISAN OFFICE

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

'08JUN06PM12285UELER ONLY

LEE , COUNTY								
I, TERRY	p.	a Nation	DET	TMAC				
a citizen of the State of Florida and of t	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 C (Section 99.021,	Florida Statutes)	ΓE					
I, ERRY (PLEASE PRINT NAME AS YOU WISH IT TO B	E WRITTEN IN ON THE BALL	MAR OT - NAME MAY NOT I	BE CHANGED AFTER	THE END OF QUALIFYING)				
am a candidate for the office of $\frac{5A}{}$	NCARLOS	FIRE	. <u>Com</u>	m. Seat4.				
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 John		239) 340		DETTLY EMBACE MAIL				
Signature of Candidate	_	Paytime Telephone	_	Email Address COM				
18247 USEPPA RO Address	FT. MI	(ELS	FL.	33 967 71P Code				
Sworn to (or affirmed) and subscribed before me this								
Personally Known: or	•		,	1.				
Produced Identification:  Type of Identification Produced:  Signature of Notary Public - State of Florida  Print, Type or Stamp Commissioned Name of Notary Public								
	_	Berni Come Expir	ice Ramos Felic mission # DD58 res October 19, 1 by Pant - Insurance, Inc. 800-1	iano 9927 2010				

<del>(13×2) == 730S ZVZI NOTNOTOO</del>

<u>SCANNED</u>

FORM 1	STATEMENT	[ <b>OF</b> _	2007
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	TERESTS	
LAST NAME FIRST NAME MIDDLE NAM  DETTMAL  MAILING ADDRESS:	. A	FOR OFFICE USE ONLY:	So Co
18247 USEPPA	RD		
	967 LEE		
SAN CALOS PALK	COUNTY:	ID	No. SP
NAME OF AGENCY:		Co	onf. Gue
NAME OF OFFICE OR POSITION HELD OR	SOUGHT:	J.R.	Req. Code
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR	his form. Attach additional sheets, if necessaring NEW EMPLOYEE OR APPOINTER		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANC A FISCAL YEAR. PLEASE STATE BELOW WH	HETHER THIS STATEMENT IS FOR THE	TAX YEAR, WHETHER BA	NDING EITHER (check one):
MANNER OF CALCULATING REPORTABLE IN THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR US instructions for further details). PLEASE STATE COMPARATIVE (PERCENTAGE) THRE	INTERESTS: OPTION OF USING REPORTING THR SING COMPARATIVE THRESHOLDS, W E BELOW WHETHER THIS STATEMENT	RESHOLDS THAT ARE AB HICH ARE USUALLY BASI	SOLUTE DOLLAR VALUES, WHICH ED ON PERCENTAGE VALUES (600 cone):
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to the reporting SOURCE'S ADDRESS	, D	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
LEHICH ACRES FIRE DEPT	1000 JOBE BENO LEWIS ACE	o.f. 28934 F	ine Dept
saw Carvos Pack File DATT	et. myers, FL 3	78N F	fiel DEPT
		1	
	OME [Major customers, clients, and other some of MAJOR SOURCES F BUSINESS' INCOME	sources of income to busines ADDRESS OF SOURCE	sses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildings		and	ING INSTRUCTIONS for when where to file this form are locatton of page 2.
SACHE VACANT LAN	S- HENDET COUNTY	INS'	TRUCTIONS on who must file form and how to fill it out begin
		OTH	ESCANNED "

PART D - INTANGIBLE PERSONAL PROPERTY	Y [Stocks, bonds, certificates of deposit, etc.]  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
TYPE OF INTANGIBLE	BUSINESS ENTIT TO WHICH THE PROPERTY RELATES
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR
OUNTRY WIDE HOME LOAN	15 P.O.BOX 660694 DALLAS TX 75566
HOMECOMINGS FINANCIAL	
	ES [Ownership or positions in certain types of businesses] SS 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); 6/6/8008
0	FILING INSTRUCTIONS:
WHAT TO FILE: After completing all parts of this form, including	WHERE TO FILE:  If you were mailed the form by the Commission  WHEN TO FILE:  Initially, each local officer/employee, state

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:**

Senerally, 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.

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 Maday Blvd. 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.

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

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

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

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

•	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	TERRY DETTMAR  Name	OFFICE USE ONLY 115				
(2)	18247 USEPPA AVE, FORT MYERS, FL 33967					
	Address (number and street)	RIFDODT				
	City, State, Zip Code	HLTURI				
	CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4)	Check appropriate box(es):  Candidate (office sought): SAN CARLOS PARI Political Committee	K FIRE-4 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 I	DENTIFIERS				
Cov	er Period: From / 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				
Cas	h & Checks \$	Monetary Expenditures \$ 1,533.24				
Loa	ns \$	Transfers to Office Account \$ 0.00				
Tota	al Monetary \$	Total Monetary \$ 1,533.24				
In-K	ind \$					
		(8) Other Distributions \$				
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$				
	(11) CERT	IFICATION				
		on to faisify a public record (ss. 839.13, F.S.)				
	rtify that I have examined this report and it is true, ect, and complete.	I certify that I have examined this report and it is true, correct, and complete.				
	Type name) TERRY DETTMAL	(Type name) TERRY DETTMAL				
Ē	Individual (only for Treasurer Deputy Treasurer	Candidate Chairperson (only for PC, PTY &				
Š	lectioneering community	electioneering commun. organization)				
S	Signature	Signature				

(1) Name TERR	CAMPAIGN TREASURER'S Y DETTMAR	(2	AIZED EXPENDITURES (2) I.D. Number		
	10/31/2008 2 1 / / through	/2/2009 _//(	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)	(11)
11/17/2008	IAFF FIRE PAC, 1750 NY AVE NW WASHINGTON DC, DC 20006	charity donation to fire pac	MO		\$1,533.2
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(1) Name	TERRY DETTMAR			2) I.D. Numb	er	15
	10/31/2008	÷	2/2/2009		_	^
(3) Cover Perio	od///	through	. / /	(4) Pag	ge	of 0
·	<b>*</b>	<del>                                     </del>			,	
(5)	(7)	(8)	(9)	(10)	(1 <del>1</del> )	(12)
Date	Full Name				1	
(6)	(Last, Suffix, First, Middle)		1			
Sequence	Street Address &	Contributor	Contribution	In-kind	Amendment	
Number	City, State, Zip Code	Type Occupation	Туре	Description	AFRENCETRENC	Amount
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

# 7080CT270M0939S0ELee⊙F1

WAIVER OI (Section 106	<del></del>	OFF	ICE USE ONLY	
(PLEASE	TYPE)			
		115		
TERRY DETTMAR 18247 USEPPA AV FORT MYERS, FL	ቼ 33967	SAN CARLOS	S PARK FIRE-4	
Candidate's Name (Last OR Political Committee		Identification Number (Assigned by Division of Elections)		
Address (Number	er and Street)		(Include District, Circuit or oup Number)	
City	State Zip Code			
Candidate	Committee of Continuous Existence	Check box if a report.	address has changed since last	
Political Committee	Party Executive Committee		PC or CCE has DISBANDED nger file reports.	
	TYPE OF R (Check Appro			
QUARTERLY REPORTS	PRIMARY ELECTION	GENERAL ELECTIO	<u>N</u>	
☐ January	☐ 32nd day prior	46th day prior		
☐ April	☐ 18th day prior	☐ 32nd day prior	- TEDMINATION DEDOCT	
☐ July	☐ 4th day prior	☐ 18th day prior	☐ TERMINATION REPORT	
☐ October		4th day prior	☐ SPECIAL ELECTION	
NOTIFICATION OF NO A	CTIVITY IN CAMPAIGN /	ACCOUNT FOR THE	REPORTING PERIOD OF	
	10/11/2008 throu	gh 10/30/200	8 ( G4 )	
* Ju Oth	<u> </u>	10	-25-08	
Sigr	ature		Date	
SIGNATURES REQUIRED FOI	Candidate, Campaign Political Committees	reasurer or Deputy Tre lous Existence ()(c), F.S.) Ittees	easurer (s. 106.07(5), F.S.) vasurer (s. 106.07(5), F.S.)	
In any reporting period when the the required report is waived.	ere has been no activity in the	ne account (no funds ex st be notified in writing	xpended or received) the filing of on the prescribed reporting date	

that no report is being filed.

FLORIDA DEPARTMENT OF STA CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) TERRY DETTMAR  Name (2) 18247 USEPPA AVE, FORT MYERS, FL 33967  Address (number and street)	OFFICE USE ONLY 115
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):    Candidate (office sought):   SAN CARLOS PAR     Political Committee     Committee of Continuous Existence     Party Executive Committee     Electioneering Communication	(3) ID Number:  K FIRE-4  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
9/27/2008	
Cover Period: From / / To	10/10/2008 Report Type G3
☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$	Monetary Expenditures \$ 1,516.76
Loans \$ 0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 500.00	Total Monetary \$ 1,516.76
In-Kind \$	1,310.76
	(8) Other Distributions 0.00
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$1,516.76
(11) CERT	
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)  Individual (only for election pering commun.)  X  Signature	correct, and complete.  (Type name)  Candidate  Chairperson (only for PC, PTY & Nectioneering commun. organization)  Signature

DS-DE 12 (Rev. 08/04)

(1) Name	TERRY DETTMAR	(2) I.D. Number							
	9/27/2008		1	0/10/2008					
(3) Cover Perio	od//	thre	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	F	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
9/30/2008	INTNL. ASSOC.OF FF'S, 1750 N.Y. AVE. NW WASHINGTON,DC, DC 20006		fire union				\$500.0		
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DS-DE 13 (Rev. 08/0	D3)	SEE RE	VERSE FOR II	NSTRUCTIONS	AND CODE VALU	ES			

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

(1) Name TERRY	Y DETTMA	AR.				(	(2) LD. Nun	nber		115	
	9/27/	2008		10/10/	2008						
(3) Cover Period	/_	/	through_	/_	/	_ (	(4) Page	1	of _	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/27/2008	ARTYPE, INC., 3530 WORK DR. FT.MYERS, FL 33916-7533	yard signs	МО		\$566.04
10/6/2008	ARTYPE, 3530 WORK DR. FT.MYERS, FL 33916-7533	mailers	МО		\$33.92
10/6/2008	GBSI INFORMATION SERVICES INC., 11515 CHARLIES TERR. FT.MYERS, FL 33907-3054	postage	МО		\$806.00
10/10/2008	GBSI INFORMATION SERVICES INC., 11515 CHARLIES TERR. FT.MYERS, FL 33907-3054	balance of postage	МО		\$110.80
11			1		
					No.
//					
DS DE 44 (Pay					

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) TERRY DETTMAR	OFFICE USE ONLY 115
Name	
(2) 18247 USEPPA AVE, FORT MYERS, FL 33967	
Address (number and street)	08SEP309
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):  X Candidate (office sought): SAN CARLOS PAR	
Political Committee	CHECK IF PC HAS DISBANDED
<ul><li>☐ Committee of Continuous Existence</li><li>☐ Party Executive Committee</li></ul>	CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
	IDENTIFIERS
Cover Period: From / To	9/26/2008 / Report Type G2
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 500.00	Monetary Expenditures \$ 0.00
Loans \$	Transfers to Office Account \$ 0.00
Total Monetary \$ 500.00	Total Monetary \$ 0.00
In-Kind \$	
	(8) Other Distributions \$ 0.00
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$2,550.00	\$0.00_
` .	IFICATION 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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) TERRY, DETTMAR	(Type name) TERRY DETTMAR
Individual (only for election egring commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X Jo Dittm	X Ly Ville
Signature	Signature

(1) Name	TERRY DETTMAR	(2) I.D. Number					
	9/13/2008		9/26/2008				
(3) Cover Peri	od//	through	_ / /	(4) Page	• <u> </u>	of	
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupatio	Contribution Type	In-kind Description	Amendment	Amount	
9/24/2008	FLORIDA FIRE-PAC, 345 W.MADISON ST. TALLAHASSEE, FL 32301	C fire pac	CH CH			\$500.0	
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name TERRY	CAMPAIGN TREASURER' DETTMAR		D EXPENDIT (2) I.D. Numbe		115
-	9/13/2008 / <u>/</u> through	9/26/2008	• •		
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(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
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FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) TERRY DETTMAR	OFFICE USE ONLY 115
Name	
(2) 18247 USEPPA AVE, FORT MYERS, FL 33967	
Address (number and street)	
	\$6 86 86 87
City, State, Zip Code	<u> </u>
CHECK IF ADDRESS HAS CHANGED	(3) ID Number: $\frac{1}{2}$
(4) Check appropriate box(es):	<u> </u>
X Candidate (office sought): SAN CARLOS PAR	K FIRE-4
Political Committee	CHECK IF PC HAS DISBANDED
☐ Committee of Continuous Existence ☐ Party Executive Committee	CHECK IF CCE HAS DISBANDED
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING
	COMMUNICATION REPORTS WILL BE FILED
	IDENTIFIERS
8/22/2008 Cover Period: From / / To	9/12/2008 / Report Type <sup>G1</sup>
▼ Original	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 500.00	Monetary Expenditures \$ 0.00
Loans \$0.00	Transfers to Office Account \$ 0.00
Total Monetary \$500.00	Total
• 0.00	Monetary \$ 0.00
In-Kind \$	
	(8) Other Distributions \$ 0.00
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$2,050_00	\$
(11) CERT	IFICATION
	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.	I certify that I have examined this report and it is true, correct, and complete.
(Type name)	(Type name)
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY &
x 2 Ottmar	electioneering commun. organization)
Signature	Signature

(1) Name	TERRY DETTMAR	(2) I.D. Number						
	8/22/2008		9	/12/2008				
(3) Cover Per	iod / /	thr	ough	<i>! !</i>	(4) Page		of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	1	ontributor	Contribution	In-kind	<b>4t</b>		
Number	City, State, Zip Code SWFPFF&P, LOCAL		Occupation fire union	Туре	Description	Amendment	Amount \$500.0	
9/4/2008	1826, 2030 W. FIRST ST.		Tire dittor					
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#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TERRY	DETTMAR	(2	?) I.D. Number		115
	8/22/2008 9/3 / / through	12/2008 _//(4	l) Page 1	of _	0
(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)
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FLORIDA DEPARTMENT OF STA	_ ·
(1) TERRY DETTMAR  Name (2) 18247 USEPPA AVE, FORT MYERS, FL 33967  Address (number and street)	OFFICE USE ONLY 115
City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED  (4) Check appropriate box(es):  Candidate (office sought):  Political Committee  Committee of Continuous Existence	(3) ID Number:  K FIRE-4  CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED
☐ Party Executive Committee ☐ Electioneering Communication  (5) REPORT	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
Cover Period: From 8/2/2008 To	8/21/2008 / Report Type F3
☑ Original	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 500.00	Monetary Expenditures \$ 0.00
Loans \$ 0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 500.00	Total Monetary \$ 0.00
In-Kind \$ 0.00	
	(8) Other Distributions  \$ 0.00
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$
(11) CERT 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)	I certify that I have examined this report and it is true, correct, and complete.  (Type name) TER ODETTMAK  Candidate Chairperson (only for PC, PTY & electioneering commun. organization)  X  Signature

(1) Name	TERRY DETTMAR		(2	2) I.D. Numb	er	15
(3) Cover Peri	8/2/2008 od///	through	8/21/2008 / /	(4) Pa	ge <sup>1</sup>	of <sup>1</sup>
(0) 00101 1 011	· · · · · · · · · · · · · · · · · · ·		<del></del>	(.,		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor	Contribution	In-kind	Amendment	<b>A</b>
Number	City, State, Zip Code INTNL. ASSOC. OF	Type Occupation	tion Type	Description	ASINGIPARIN	Amount \$500.0
8/20/2008 / /	FF'S., 1750 N.Y. AVE. NW WASHINGTON, DC 20006		ITON CH			ļ \$300.0
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#### **CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES** (1) Name TERRY DETTMAR 115 (2) I.D. Number \_\_\_\_\_ 8/2/2008 8/21/2008 (4) Page 1 of 0 \_\_\_/\_\_\_/ through\_\_\_\_/\_\_/\_ (3) Cover Period \_ (8) (9) (10) (11) (5) Date **Purpose** Full Name (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type candidate) **Amount** City, State, Zip Code Amendment Number 708AUG20M11225DE Lee Co F1

DS-DE 14 (Rev. 08/03)

#### WAIVER OF REPORT OFFICE USE ONLY (Section 106.07(7), F.S.) (PLEASE TYPE) 115 TERRY DETTMAR 18247 USEPPA AVE FORT MYERS, FL 33967 SAN CARLOS PARK FIRE-4 Candidate's Name (Last, Suffix, First, Middle) Identification Number (Assigned by Division OR Political Committee, CCE or Party Name of Elections) Office Sought (Include District, Circuit or Address (Number and Street) **Group Number)** City State Zip Code Candidate Committee of Continuous Check box if address has changed since last Existence report. Check here if PC or CCE has DISBANDED Political Committee Party Executive Committee and will no longer file reports. TYPE OF REPORT (Check Appropriate Box) PRIMARY ELECTION **GENERAL ELECTION QUARTERLY REPORTS** 46th day prior ☐ January ☐ 32nd day prior ☐ 32nd day prior ☐ April ☐ 18th day prior ☐ TERMINATION REPORT ☐ July 4th day prior ☐ 18th day prior SPECIAL ELECTION ☐ October 4th day prior NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF 7/19/2008 8/1/2008 ( F2 ) through Signature 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.

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FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ÉLECTIONS R'S REPORT SUMMARY			
(1) TERRY DETTMAR  Name (2) 18247 USEPPA AVE, FORT MYERS, FL 33967  Address (number and street)	OFFICE USE ONLY 115			
City, State, Zip Code				
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:			
(4) Check appropriate box(es):    X Candidate (office sought):   SAN CARLOS PARK FIRE-4     Political Committee   CHECK IF PC HAS DISBANDED     Committee of Continuous Existence   CHECK IF CCE HAS DISBANDED     Party Executive Committee     Electioneering Communication   CHECK IF NO OTHER ELECTIONEERING     COMMUNICATION REPORTS WILL BE FILED				
(5) REPORT	IDENTIFIERS			
Cover Period: From	7/18/ <sup>2008</sup> / Report Type <sup>F1</sup>			
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report			
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT			
Cash & Checks \$1,050.00	Monetary Expenditures \$ 0.00			
Loans \$	Transfers to Office Account \$ 0.00			
Total Monetary \$	Total			
In-Kind \$	Monetary \$			
	(8) Other Distributions \$			
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date			
· ·	IFICATION 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.	I certify that I have examined this report and it is true, correct, and complete.			
(Type name)	(Type name)			
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)			
<u>X</u>	X			
Signature	Signature			

(1) Name _	ame <u>TERRY DETTMAR</u>			(2) I.D. Number				
	4/1/2008		7	/18/2008		1	1	
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(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C Type	ontributor	Contribution	In-kind Description	Amendment	Amount	
Number 7/10/2008 / /	City, State, Zip Code DETTMAR, TERRY P 18247 USEPPA RD FT.MYERS, FL 33967	I	Occupation	Туре СН	Description	Attendation	### \$50.00	
1								
7/15/2008 / /	SWFPFF&P LOCAL 1826, 2030 W.FIRST ST.	0	fire unior	СН			\$500.00	
2	FT.MYERS, FL 33901							
7/15/2008 / /	F.P.F FIRE-PAC, 345 West Madison Street Tallahassee, FL 32301	С	fire pac	СН			\$500.00	
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(1) Name TERRY DETTMAR				(2) I.D. Numbe	115	
(3) Cover Period _	4/1/2008	through	18/2008	(4) Page	of _	0
(5) Date (6) Sequence Number	(7 Full N (Last, Suffix, I Street Ad City, State,	ame First, Middle) dress &	(8) Purpose (add office sought contribution to a candidate)	(9) Expenditure Type	(10)	(11)
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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