### LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

	· · · · · · · · · · · · · · · · · · ·
Candidate Name	Harold R. "Whitey" Doidse
Residence Address	Harold R. "Whitey" Doidge 2903 9th STE
City and Zip Code	Lehigh Acres FL 33972
Mailing Address (if different)	Check if same as above.
Telephone Number(s) (Daytime)	239-369-8444 OR
Email Address	1
Office Sought	Lehigh Acres Fire Comm.
Area, District, Group Or Seat Number	Seat 1
Political Party (If Applicable)	NON
Date Of Birth Or Voter ID #	111509886
Date	5/21/08
Candidate Signature	X white waste

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.



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 Navald R. "Whitey Doidge	Address (include post office box or street, city, state, zip code)  2903 9th STE  LAFL 33972
Telephone (optional) 2. Party (Partisan candidates only 0.39369-8444)	3, Office (add district, circuit, group number)
I have appointed the following person to act as my Camp	paign Treasurer Deputy Treasurer
4. Name of Treasurer or Deputy Treasurer  Same as above	
5. Mailing Address (If post office box or drawer add street address	
7. City Sure 8. County	9. State 229-8444 10. Zip Code
I have designated the following named bank as my	ary Depository Secondary Depository
m. Name of Bank Sank Grantrula	12. Street Address/ 1360 + Mestead Rd
13. City Lehigh acres 14. County Lee	15. State FL 16. Zip Code 33936
17. Signature of Candidate	Date 5/21/08
/ Campaign Treasurer's Ac	cceptance of Appointment
1. Narold R. "Whitey" D. (Please Print or Type)	, do hereby accept the appointment as
Campaign Treasurer Deputy Treasurer for the o	campaign of Narold R. "Whitey" Doings
who is seeking nomination or election as a	candidate to the office of
Lehigh Acres Fc SI. As a duly	(Party) registered voter in
County, Florida, I am qualified to accept this appointment.	
	AVE READ THE FOREGOING CAMPAIGN TREASURER'S THAT THE FACTS STATED ARE TRUE.
5/21/08 x	Ukilly (blake)
/ / Date	Signature of Carnipaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 02/06)

**SCANNED** 

### STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) **OFFICE USE ONLY** 

1, Harold R. "Whitey" Doidge
candidate for the office of Lehigh Acres Fire Comm
have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Sould for White Work 6-5-0f
Signature of Candidate

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).

### AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida County of Lee

Har	old R. "Who	tey" Do	· Udge m a candidate for t	the Special District
	(print name)  ELewish Acceptable  (dist			_
in the _	(date of election)			my only campaign

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 Unity I slot 5/21/08
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

### OBJUNOSAM1**OPFICIE-USE/OMUY** LOYALTY OATH FOR NON-PARTISAN OFFICE (Sections 876.05-876.10, Florida Statutes) STATE OF FLORIDA Middle Name/Initial 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) am a candidate for the office of Fine Coun 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. Address Sworn to (or affirmed) and subscribed before me this $\frac{5^{\dagger h}}{2}$ day of $\sqrt{2}$ Personally Known: Produced Identification: Type of Identification Produced: Signature of Notary Public - State of Florida Print, Type or Stamp Commissioned Name of Notary Public MARY B. HENDERSON Commission DD 757946 Expires March 15, 2012



FORM 1	STATEMENT OF	F 2007
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS
LAST NAME - FIRST NAME - MIDDLE NA  DO 1056 HALOM  MAILING ADDRESS:  2903 E 9+4 S+	NE : CICHARN	FOR OFFICE USE ONLY:
LEHIGH ALLS 335 CITY: Z  NAME OF AGENICY:  NAME OF OFFICE OR POSITION HELD O  FILL OM M. SE	Lie Conn.	ID Code  ID No.  Conf. Code  P. Req. Code
DECEMBER 31, 2007  MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR	WHETHER THIS STATEMENT IS FOR THE PRECEDOR  OR SPECIFY TAX YEAR IF OTHER  E INTERESTS: E OPTION OF USING REPORTING THRESHOLD  USING COMPARATIVE THRESHOLDS, WHICH OR  ITE BELOW WHETHER THIS STATEMENT REPLEC	AR, WHETHER BASED ON A CALENDAR YEAR OR ON DING TAX YEAR ENDING EITHER (check one):  IER THAN THE CALENDAR YEAR:  DS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH RE USUALLY BASED ON PERCENTAGE VALUES (See
PART A PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social SECULITY	Social Security (Id	min Letirement Bengit
	AME OF MAJOR SOURCES   ADDI	of income to businesses owned by the reporting person]  ORESS PRINCIPAL BUSINESS OURCE ACTIVITY OF SOURCE
12/	THIS HOUSE COLOO	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
		OTHER FORMS Augra Age of file are described of 199

PART D — INTANGIBLE PERSON TYPE OF INTANGIB	IAL PROPERTY (Stocks,	bonds, certificate	s of deposit, etc.] BUSINESS ENTITY TO WHICI	H THE PROPERTY REL	ATES
PART E — LIABILITIES [Major de NAME OF CREDI	ebts] TOR		ADDRESS O	CREDITOR	
		,			
		><<			
					_
PART F — INTERESTS IN SPECIF	IED BUSINESSES [Owne	ership or positions	in certain types of businesses]		
	BUSINESS ENTITY	(#1	BUSINESS ENTITY # 2	1 BUSIN	ESS 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	T, PLEASE CHECK	HERE 🔲
SIGNATURE (required):	Double		DATE SIG	NED (required):	

### 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.

### FILING INSTRUCTIONS:

### 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 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.

### 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 tocal 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 STA CAMPAIGN TREASURE	
(1) (2)	Name 2903 9TH ST E, LEHIGH ACRES, FL 33972	OFFICE USE ONLY 79
	Address (number and street)  City, State, Zip Code	Late-fine \$31.86
	CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4)	Check appropriate box(es):  Candidate (office sought): LEHIGH ACRES F: Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	CHECK IF PC HAS INSBAUDED  CHECK IF COE HAS ELECTION EERILG  CHECK IF NO OTHER ELECTION EERILG  COMMUNICATION REPORTS WILL BUFFLEE
	(5) REPORT I	
Cov	ver Period: From / / To	2/2/2009 / Report Type TR-4
X	Original Amendment Special Election	Report
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cas	sh & Checks \$	Monetary Expenditures \$ 127.43
Loai		Transfers to Office Account \$ 0.00
Tota	al Monetary \$	Total Monetary \$ 127.43
In-K	(ind \$	
		(8) Other Distributions \$ 0.00
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$
	(11) CERTI	FICATION
!	It is a first degree misdemeanor for any person	
l cer	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.
ele	Type name)  Individual (only for Treasurer Deputy Treasurer lectioneering commun.)  Signature	(Type name)  Candidate  Chairperson (only for PC, PTY & election eering confinan, organization)  X  Signature

DS-DE 12 (Rev. 08/04)

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

(1) Name	HAROLD R 'WHITEY' D	OIDGE	L		(2) I.D. Numbe	r	79
	10/31/2008		2	/2/2009		7	•
(3) Cover Peri	od//	thr	ough	1 1	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	1	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Type	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 08/03)

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

(1) Name	HAROLD	R	WHITEY	' DOIDGE			(2) I.D. Nu	nber	.,,	79	
(3) Cover	Period	10	/31/2008	through	2/2/2009 / /		(4) Page	1	of	1	
				7mms		//					

	No.				
(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
11/4/2008	BEEF O'BRADY'S, 3114 LEE BLVD LEHIGH ACRES, FL 33971	election night party	МО		\$127.43
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DS-DE 14 (Rev	0000				

DS-DE 14 (Rev. 08/03)

	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	HAROLD R 'WHITEY' DOIDGE	OFFICE USE ONLY 79					
(2)	2903 9TH ST R, LEHIGH ACRES, FL 33972						
1-7	Address (number and street)						
	City, State, Zip Code						
	CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4)	Check appropriate box(es):  X Candidate (office sought): LEHIGH ACRES F						
	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					
		IDENTIFIERS					
Cov	er Period: From/	10/30/2008 / Report Type G4					
XC	original Amendment Special Election	n Report					
(6)	CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cas	h & Checks \$ 0.00	Monetary Expenditures \$ 115.80					
Loar	ns \$	Transfers to Office Account \$ 0.00					
Tota	Monetary \$ 0.00	Total					
In-Ki	ind \$	Monetary \$ 115.80					
		(8) Other Distributions \$ 0.00					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	1,200.00	1,072.57					
	(11) CERTIFICATION It is a first degree misdemeanor for any person to faisify a public record (ss. 839.13, F.S.)						
l cer	tify that I have examined this report and it is true.	I certify that I have examined this report and it is true,					
	oct, and complete.	correct, and complete.					
-	ype name)	(Type name)					
X	Individual (only for Treasurer Deputy Treasurer ctioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)					
X	While If Oly	XW hely HOW					
Si	gnature // /	Signature / /					

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

(1) Name	HAROLD R 'WHITEY' D	OIDGE		(	2) I.D. Number	T7	19
	10/11/2009		1	0/30/2008			
(3) Cover Per	iod//	thro	ough	/ /	(4) Page	•	of 0
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Туре	Occupation	туре	Description	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Allount
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DS-DE 13 (Rev. 08/03)

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name HAROLD R 'WHITEY' DOIDGE 79 (2) I.D. Number 10/30/2008 10/11/2008 (4) Page 1 of 1 (3) Cover Period / / through (11) (7) (8) (9) (10) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) **Expenditure** contribution to a Street Address & Sequence Type City, State, Zip Code candidate) Amount **Amendment** Number 10/24/2008 MO \$115.80 News Star, news star Construction Lane Leigh Acres, FL 33936 1

DS-DE 14 (Rev. 08/03)

## 7080CT069M0356SDELeeCoF1

WAIVER OF REPORT (Section 106.07(7), F.S.)	OFFICE USE ONLY								
(PLEASE TYPE)									
	79								
HAROLD R 'WHITEY' DOIDGE 2903 9TH ST E LEHIGH ACRES, FL 33972	LEHIGH ACRES FIRE-1								
Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name	Identification Number (Assigned by Division of Elections)								
Address (Number and Street)	Office Sought (Include District, Circuit or Group Number)								
City State Zip Code									
Candidate Committee of Continuous Existence	Check box if address has changed since last report.								
Political Committee Party Executive Committee	Check here if PC or CCE has DISBANDED and will no longer file reports.								
	TYPE OF REPORT (Check Appropriate Box)								
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION								
☐ January ☐ 32nd day prior	☐ 48th day prior								
☐ April ☐ 18th day prior	☐ 32nd day prior ☐ TERMINATION REPORT								
☐ July ☐ 4th day prior	18th day prior								
☐ October	4th day prior								
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN	ACCOUNT FOR THE REPORTING PERIOD OF								
9/27/2008 throu	gh 10/10/2008 ( G3 )								
* Oute Warf	10/1/01								
/ Signature	Date								
SIGNATURES REQUIRED FOR:  Candidates Candida									
In any reporting period when there has been no activity in the required report is waived. However, the filing officer mu									

\*080CT06PH0356 S0E Lee Co F1

# **BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 1021 FORT MYERS, FL

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

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	FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) HAROLD R 'WHITEY' DOIDGE Name	OFFICE USE ONLY 79							
(2) 2903 9TH ST E, 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):  X Candidate (office sought): LEHIGH ACRES F  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							
	IDENTIFIERS							
Cover Period: From	9/26/2008 / Report Type G2							
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$ 724.45							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total \$ 724.45							
In-Kind \$	•							
	(8) Other Distributions  \$ 0.00							
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$956.77_							
• •	IFICATION on to faisify a public record (ss. 839.13, F.S.)							
certify that I have examined this report and it is true, correct, and complete.  (Type pame)	I certify that I have examined this report and it is true, correct, and complete.  (Type name) Whitey Dorose							
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
Signature / Signature	Signature Colon							

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

(1) Name	HAROLD R 'WHITEY' D	OIDGE		(	2) I.D. Numbe	r <u> </u>	79
(3) Cover Peri	9/13/2008 od///	thro	ough	/26/2008 //_	(4) Pag	e <u> </u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 08/03)

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

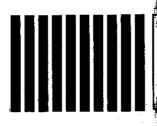
(1) Name	HAROLD	R	WHITE	Y' DC	IDGE				(2) I.D. No	umber		79	
		9/:	13/2008	}		9/2	6/2008	,					
(3) Cover	Period				_ through		<u>/</u>	/	(4) Page_	1	of _	1_	

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/18/2008	Artype Inc, 3530 Work Drive Fort Myers, FL 33916	signage	МО		\$564.45
9/18/2008	Merchant's Marketer, 53 Homestead Road N Lehigh Acres, FL 33936	q page ad	МО		\$160.00
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DS-DE 14 (Rev. 08/03)

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# **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

## 708AUG21P#0242SDE Lee Co F1

WAIVER OF REPORT (Section 106.07(7), F.S.)	OFFICE USE ONLY						
(PLEASE TYPE)	:						
HAROLD R 'WHITEY' DOIDGE	79						
2903 9TH ST E LEHIGH ACRES, FL 33972	LEHIGH ACRES FIRE-1						
Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name	Identification Number (Assigned by Division of Elections)						
Address (Number and Street)	Office Sought (Include District, Circuit or Group Number)						
City State Zip Code							
Candidate Committee of Continuous Existence	Check box if address has changed since last report.						
Political Committee Party Executive Committee	Check here if PC or CCE has DISBANDED and will no longer file reports.						
TYPE OF R (Check Appro							
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION						
☐ January ☐ 32nd day prior	☐ 46th day prior						
☐ April ☐ 18th day prior	☐ 32nd day prior ☐ TERMINATION REPORT						
☐ July ☐ 4th day prior	☐ 18th day prior						
☐ October	4th day prior						
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN A	ACCOUNT FOR THE REPORTING PERIOD OF						
8/2/2008 throu	gh 8/21/2008 ( F3 )						
X Chity Wald,	9/2/01						
(Signatu/6	Date						
Political Committees	l)(c), F.S.) ittees						
In any reporting period when there has been no activity in the required report is waived. However, the filing officer muthat no report is being filed.	ne account (no funds expended or received) the filing of st be notified in writing on the prescribed reporting date						

7089UG21PH024250ELeeCoF1

Warning: mysql\_num\_rows(): supplied argument is not a valid MySQL result resource in /home/jonw/public\_html/candidate\_inc.php on line 860
Warning: mysql\_num\_rows(): supplied argument is not a valid MySQL result resource in /home/jonw/public\_html/candidate\_inc.php on line 888

### Candidate: HAROLD R'WHITEY' DOIDGE (79)



Press Help for information on using the new 'Import Entries' feature.

### **Candidate Reports**

Election: 2008 CANDIDATE (2008-11-04)

	Rpt Date	Total Contrib	Total Exp	Status	
F1 (04/01/2008	- 07/18/2008) 7/25/2008	\$1,200.00 (4 items)	\$232.32 (1 item)	Received	View Contributions View Expenditures Print Amend
F2 (07/19/2008	- 08/01/2008) 8/8/2008	-	-	Received	View Contributions View Expenditures Print Amend
F3 (08/02/2008	- 08/21/2008) 8/22/2008	-	-	Received	View Contributions View Expenditures Print Amend
G1 (08/22/2008	- 09/12/2008) 9/19/2008	-	-	Submitted	View Contributions View Expenditures Print Amend
G2 (09/13/2008	- 09/26/2008) 10/3/2008	-	-	No Data Entered	Import Entries  Enter Contributions  Enter Expenditures  Submit Waiver
G3 (09/27/2008 -	- 10/10/2008) 10/17/2008	-	-	No Data Entered	Import Entries Enter Contributions Enter Expenditures Submit Waiver
G4 (10/11/2008	- 10/30/2008) 10/31/2008	-	-	No Data Entered	Import Entries Enter Contributions Enter Expenditures Submit Waiver

## \*08AUG07M023450ELeeCoF1

WAIVER OF REPORT (Section 106.07(7), F.S.)	OFFICE USE ONLY							
(PLEASE TYPE)								
	79							
HAROLD R 'WHITEY' DOIDGE 2903 9TH ST E LEHIGH ACRES, FL 33972	LEHIGH ACRES FIRE-1							
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)  ACASK F/ 33874  City State Zip Code	LEASH FILE COMM. SEAF 1 Office Sought (Include District, Circuit or Group Number)							
X Candidate Committee of Continuous Existence	Check box if address has changed since last report.							
Political Committee Party Executive Committee	Check here if PC or CCE has DISBANDED and will no longer file reports.							
TYPE OF R (Check Appro)								
QUARTERLY REPORTS PRIMARY ELECTION	GENERAL ELECTION							
☐ January ☐ 32nd day prior	46th day prior							
☐ Aprili ☐ 18th day prior	☐ 32nd day prior ☐ TERMINATION REPORT							
☐ July ☐ 4th day prior	☐ 18th day prior							
□ October	☐ 4th day prior ☐ SPECIAL ELECTION							
NOTIFICATION OF NO ACTIVITY IN CAMPAIGN A	0/1/0000 ( 70 )							
X While Walff	gh 8/1/2008 ( F2 )							
<b>Signaturé</b>	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 required report is waived. However, the filing officer muthat no report is being filed.	he account (no funds expended or received) the filing of ist be notified in writing on the prescribed reporting date							

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY								
(1) HAROLD R 'WHITEY' DOIDGE  Name (2) 2903 9TH ST E, LEHIGH ACRES, FL 33972  Address (number and street)  City, State, Zip Code									
City, State, ∠ip Code  ☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:								
Check appropriate box(es):    Candidate (office sought): LEHIGH ACRES FIRE-1   Political Committee									
4/1/2008	7/18/2008								
Cover Period: From / / / To	/ / Report TypeF1								
☑ Original ☐ Amendment ☐ Special Election	Report								
(6) CONTRIBUTIONS THIS REPORT  Cash & Checks \$ 1,200.00  Loans \$ 0.00	(7) EXPENDITURES THIS REPORT  Monetary Expenditures \$ 232.32  Transfers to Office Account \$ 0.00  Total Monetary \$ 232.32								
Total Monetary \$ 1,200.00  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 person to faisify a public record (ss. 839.13, F.S.)  I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Individual (only for electioneering commun.)  X May Community that I have examined this report and it is true, correct, and complete.  (Type name)  Candidate Chairperson (only for PC, PTY & electioneering commun.)  X Signature  Signature									

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

(1) Name	HAROLD R 'WHITEY' D	OIDGE			(2) I.D. Number	<u> </u>	
(3) Cover Perio	4/1/2008 xd///	thr	7 ouah	/18/2008 / /	(4) Page	1	of <sup>1</sup>
(0) 00101 1 0110	<u> </u>			· ·	(.,		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/17/2008	Doidge, Whitey 2903 9th. St. E Lehigh Acres, FL 33972	I	retired	CH	deposite to start campaign		\$500.00
1							
7/17/2008	Wesner, Michael 2129 Berkley Way Leigh Acres, FL 33971	I	retired	СН	contribut campaign ion		\$100.00
2							
7/17/2008 / /	Roth, Robert 696 Milwaukee Blvd Lehigh Acres, FL 33974	I	retired	СН	contribut ion to campaign		\$100.00
3				<u> </u> 			
7/17/2008	Normandin, Robert 820 Roosevelt Ave Lehigh Acres, FL 33971	I	retired	СН	contribut ion to campaing		\$500.00
4							
1 1					}		

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### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name | HAROLD R 'WHITEY' DOIDGE | (2) I.D. Number | 79 4/1/2008 | 7/18/2008 (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
7/17/2008	D Jan Signs, 3020 Lee Blvd Suite #7 Lehigh Acres, FL 33971	signs-mag .for vech.	МО		\$232.32
11					
11					
11					
11					
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11					
11					

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