

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES**

(Section 106.021(1), Florida Statutes)

CHECK APPROPRIATE BOX

- ORIGINAL APPOINTMENT
- DEPUTY TREASURER
- REAPPOINTMENT OF TREASURER
- SECONDARY DEPOSITORY

Name of Candidate (Please Type) Creighton L. Sherman 1. Address Box 224; Boca Grande, FL 33921

Telephone (Optional) _____ 2. Party NON-PARTISAN 3. Office (Add District, Circuit, or Group) AREA 4, Commissioner, Lee County

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

4. Name Creighton L. Sherman

5. Mailing Address (If Post Office box or Drawer, add Street Address) 120 Damf-I-Care St. 6. Telephone 64-2808

7. City Boca Grande 8. County Lee 9. State FL 10. Zip Code 33921

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

11. Bank Name (Include Account Number) First Federal of Fort Myers 12. Street Address 2201 Second Street

13. City Fort Myers 14. County Lee 15. state FL 16. Zip Code 33901

I will notify you of any additions or changes to these appointments.

17. Signature of Candidate *Creighton L. Sherman* Date 7/16/90

Sworn and Subscribed before me this 16th day of July

I 19 90 at Fort Myers, Lee County, Florida

My commission expires 9-27 19 92

(seal)

Mary E. Sullivan
Notary Public
RECEIVED
JUL 12 4 PM '90
SHERIFFS

Campaign Treasurer's Acceptance of Appointment

I, Creighton L. Sherman (Please Print or Type) hereby accept the appointment as Campaign Treasurer Deputy

Treasurer for the campaign of Creighton L. Sherman who is seeking the nomination or election as a NON-PARTISAN (Party) candidate to the office of Commissioner, Lee County Mosquito Control District, Area 4. As a duly

registered voter in Lee County, Florida, I am qualified to accept this appointment.

7/16/90
Date

Creighton L. Sherman
Signature of Campaign Treasurer or Deputy Treasurer

LOYALTY OATH
For Candidates for Public Office
Sections 876.05-876.10, 99.021, Florida Statutes
AGO 071-249

STATE OF FLORIDA

L E E

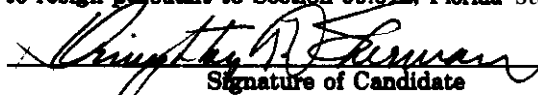
_____ county

I, Creighton L. Sherman 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.


Signature of Candidate

OATH OF CANDIDATE
(Section 99.021(1)(a), Florida Statutes)

Before me, an officer authorized to administer oaths, personally appeared Creighton L. Sherman (Please Print Name as you Wish it to Appear on the Ballot) to me well known, who, being sworn, says he is a candidate for the office of Commissioner, Lee County Mosquito Control District, Area 4. that he is (Include Circuit, District or Group Number) a qualified elector of Lee County, Florida; that he is qualified under the Constitution and the Laws of Florida to hold the office to which he desires to be nominated or elected; that he has qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office he seeks; and that he has resigned from any office from which he is required to resign pursuant to Section 99.012, Florida statutes.


Signature of Candidate

Box 224

Address

Boca Grande, FL
City State

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SUPERVISOR OFFICE
ELECTIONS
JUL 17 12 48 PM '90

The Loyalty Oath and the above Oath of Candidate are sworn to and subscribed before me this 16th day of July 19 90 at Lee County, Florida

NOTARY PUBLIC, STATE OF FLORIDA;
MY COMMISSION EXPIRES: SEPT. 27, 1992.
BONDED THRU NOTARY PUBLIC UNDERWRITERS


Signature and Title of Officer Administering Oath
Notary Public

STATEMENT OF CANDIDATE
(Section 99.021, Florida Statutes)

I, (Print) NOT APPLICABLE -- NON-PARTISAN am a member of the _____ party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the _____ party, of which I am a member.

Date

Signature

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1989

STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE
 PRECEDING TAX YEAR ENDING: EITHER OR
 DECEMBER 31, 1989 SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

NAME OF AGENCY
 Lee County Mosquito Control District

7 LOCAL OFFICER OFFICE HELD

STATE OFFICER OFFICE HELD

SPECIFIED STATE POSITION HELD
 EMPLOYEE

CANDIDATE OFFICE SOUGHT
 Commissioner, Area Four

LAST NAME - FIRST NAME - MIDDLE NAME
 Sherman, Creston Lee

MAILING ADDRESS
 Box 224

CITY ZIP COUNTY
 Boca Grande 33921 Lee

PART A — PRIMARY SOURCES OF INCOME [Required by Florida Statutes §112.3145(3)(a)].

Please list below in descending order with the largest source first the name, address, and principal business activity of every source of your income excluding public salary which exceeded five percent (5%) of the gross income you received or any person received for your benefit or use during the disclosure period. The income of your spouse need not be disclosed. If continued on a separate sheet, please check here .

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
I.I.C.I.A., Inc.	Boca Grande Fla.	not for profit proper v owner

PART B — BUSINESS ENTITY'S SOURCES OF INCOME [Required by Florida Statutes §112.3145(3)(b)].

If during the disclosure period (a) you owned, directly or indirectly, in excess of 5% of the total assets or capital stock of any business entity, AND (b) if you received in excess of 10% of your gross income from the business entity, please list below every source of income to the business entity which exceeded in value ten percent (10%) of the business entity's gross income (computed on the basis of the business entity's fiscal year). You are NOT required in this part to list sources of income to a business entity if you received less than \$1,500 from the business entity during the disclosure period.

A "source" in this part refers to any customer, client, or other category of income production which meets the minimum percentage requirements noted above. If continued on a separate sheet, please check here .

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

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 SUPERVISOR OF
 ELECTRONICS
 12 10 PM '89

PART C — GIFTS

[Required by Florida Statutes §112.3145(3)(d)].

Please list below the name, address, and principal business activity of all persons, business entities, or other organizations from whom you received any gift or gifts the total of which exceeded \$100 from any one source during the disclosure period. Your benefactors must be listed in descending order of value with the largest source first. If you have received a preferential interest rate substantially below the customary and usual rate charged at the time the debt was incurred, the difference between the preferential and customary rate is deemed to be a gift. You are NOT required to list gifts received from your parent, grandparent, sibling, child, spouse, or from a spouse of any of the foregoing: gifts received by bequest or devise, or campaign contributions; or gifts representing an expression of sympathy and having no material benefit, ELECTED STATE, COUNTY, DISTRICT, AND MUNICIPAL OFFICERS are required to disclose gifts they have received on Form 7. Gifts and Other Non-Campaign Contributions, pursuant to §112.3148, F.S., and need not complete this part. If continued on a separate sheet, please check here .

NAME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY

PART D — REAL PROPERTY [Required by Florida Statutes §112.3145(3)(c)].

Please list below the location or legal description of all real property in this State, excluding residence and vacation homes, in which you owned at any time during the previous tax year in excess of five percent (5%) of the Property's mostrecently assessed value. If continued on a separate sheet, please check here .

PART E — INTANGIBLE PERSONAL PROPERTY

Please give a general description of any intangible personal property in which you hold an interest having a value in excess of ten percent (10%) of your total assets. Intangible personal property means money, all evidences of debt owed to the reporting person, all evidences of ownership in a corporation or other business organization having multiple owners, and all other forms of property where value is based upon that which the property represents rather than its own intrinsic value, such as: certificates of deposit, checks, bills of exchange, drafts, Stocks or shares of incorporated or unincorporated companies, business trusts or mutual funds, beneficial interests in a trust, notes, bonds, and other obligations for the payment of money. Your general description should include the type of property as noted above and, if applicable, the name of the business entity to which the intangible property relates. For example: Stock, General Motors; Cash or Certificate of Deposit, First National Bank of Metropolis, Florida. No amounts need be stated. If continued on a separate sheet, please check here .

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART F — LIABILITIES IN EXCESS OF NET WORTH [Required by Florida Statutes §112.3145(3)(e)].

Please list below the name and address of each creditor to whom you were indebted at any time during the disclosure period in an amount which exceeded your "net worth. You are not required to list the amount of any indebtedness or your "net worth. The following are excluded from disclosure under this part: credit card and retail installment accounts; taxes owed; indebtedness on a life insurance policy owed to the company of issuance; contingent liabilities; and accrued income taxes on "net unrealized appreciation.

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART G — SIGNATURE

SIGNATURE X <i>Christy P. DeMa</i>	DATE SIGNED <i>June 25, 1990</i>
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PART H — FILING INSTRUCTIONS FOR FORM 1

WHO MUST FILE: All state officers, local officers, candidates for state or local elective office, and specified state employees (other than officers of the judicial branch), as defined in Section 112.3145(1), Florida Statutes, and listed on the attached cover sheet and in the brochure entitled "Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees," available from the Commission on Ethics, Supervisors of Elections, and Department of State. Persons required to file full disclosure (Form 6) are not required to file this form.

WHEN TO FILE: Candidates for publicly-elected state or local office must file financial disclosure together with and at the same time they file their qualifying papers, State and local officers and specified state employees are required to file by July 1st of each year. Each state or local officer who is appointed and each specified state employee who is employed must file disclosure within 30 days from the date of appointment or the beginning of

employment. Those appointees requiring Senate confirmation must file prior to confirmation.

WHERE TO FILE: A candidate files this form together with and as a part of his qualifying papers. A local officer files with the Supervisor of Elections of the county in which he permanently resides. A state officer or specified state employee files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399.

MULTIPLE FILING UNNECESSARY: Any person who files a statement of financial interests for any calendar or fiscal year is not required to file a second disclosure for the same year or any part thereof, except that any public officer who qualifies as a candidate shall file a copy of his disclosure with the officer before whom he qualifies at the time he qualifies

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: DISQUALIFICATION FROM BEING ON THE BALLOT, IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$5,000.

1

901272

CAMPAIGN ACCOUNT OF
CREIGHTON L. SHERMAN

63-6592
2670

July 16, 19 90

PAY TO THE ORDER OF: Supervisor of Elections \$ 204.00

-----Two Hundred Four and 00/100----- DOLLARS

First Federal

SAVINGS AND LOAN ASSOCIATION OF FT. MYERS
FT. MYERS, FLORIDA 33902
Qualifying Fee



MEMO

⑆ 26708523⑆ ⑆ 5300009012⑆ 2⑈ 000⑆

SAFETY MARK

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SUPERVISOR OF
ELECTIONS
JUL 17 12 40 PM '90

**FINAL REPORT
CAMPAIGN TREASURER'S REPORT**

POSTMARK DATE
OFFICE USE ONLY
IDENTIFICATION NUMBER

Creighton L. Sherman
 Full Name of Candidate Political Committee Committee of Continuous Existence
 Party Executive Committee Commissioner, Lee County
Mosquito Control District - Area 4
 Office Sought (Include District, Circuit and Group Number)
120 Damf-I-Care Street
 Address (Number & Street)
Boca Grande, Florida 33921
 City, State & Zip Code
 Check here if Address is Different than previously reported
 Check here if the Political Committee or Committee of Continuous Existence
 has disbanded as of this report and will no longer file reports

2. Type of Report (Check Appropriate Box)
 a. QUARTERLY REPORTS
 January 10 July 10
 April 10 October 10
July 1 - 27, 1990
 REPORTS AFTER QUALIFYING PERIOD
 32nd day preceding First Primary
 18th day preceding First Primary
 4th day preceding First Primary
 18th day preceding Second Primary
 4th day preceding Second Primary
 18th day preceding General Election
 4th day preceding General Election
 Termination Report (90 Day Report for Candidates Only)
 Special Election
 b. Is this report an amendment Yes No

SUMMARY

3. covering Period of July 1, through July 27

4. Balance In Account at End of Year

\$ _____
 (For Political Committees and Committees of Continuous Existence Only)

9. CONTRIBUTIONS

a. Contribution Total Brought Forward From Previous Report, If Any

b. Contributions This Report Monetary

c. Contributions This Report Loans

d. Contributions This Report In-Kind

e. Total Contributions To Date

Grand Total for Contributions (Monetary & Loans)

Add Columns A & B (Line e) \$ 250.00

	Column A "Monetary"	Column B "Loans"	Column C "In-Kind"
9	- 0 -	\$ - 0 -	\$ - 0 -
b	\$ 250.00		
c		\$ - 0 -	
d			\$ - 0 -
e	Add Lines a & b	Add Lines a & c	Add Lines. & d
		- 0 -	- 0 -

6. Expenditures

a. Expenditure Total Brought Forward From Previous Report, If Any.

b. Expenditures This Report

c. Tot.1 Expenditures Add Lines a & b

a	\$ - 0 -
b	\$ 250.00
c	\$ 250.00

7. Money Currently In Interest Bearing Account or Certificate of Deposit \$ 0

8. Campaign Depository or Bank Account Number 901272

9. Total amount of proceeds from each campaign fundraiser - 0 -

VERIFICATION (THIS PART MUST BE DULY EXECUTED BEFORE FILING. WILL BE COMPLETE)

I, CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Creighton L. Sherman

TYPE OR PRINT NAME OF TREASURER

Creighton L. Sherman
 SIGNATURE

SUBSCRIBED AND SWORN TO (AFFIRMED) BEFORE ME THIS 31st DAY OF July, 1990
Mary E. Sullivan
 NOTARY

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Creighton L. Sherman

TYPE OR PRINT NAME OF CANDIDATE OR CHAIRMAN FOR POLITICAL COMMITTEE OR PARTY

Creighton L. Sherman
 SIGNATURE

SUBSCRIBED AND SWORN TO (AFFIRMED) BEFORE ME THIS 31st DAY OF July, 1990
Mary E. Sullivan
 NOTARY

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 ELECTIONS
 AUG 4 9 13 AM '90

ITEMIZED CONTRIBUTIONS

Report Covering Period of 7/1/90 through 7/27/90 Page 1 of 1 Pages

Creighton L. Sherman

Name of Candidate, Political Committee or Committee of Continuous Existence

Transfer of Funds from Interest Bearing Account or Certificate of Deposit to Campaign Account (Interest Not Included)					
Name of Financial Institution		Nature of Account	Date of Transfer	Amount	
Date	Full Name, Mailing Address and Zip Code	Occupation If over \$100	Monetary --- Including Interest Earned	In-Kind	Description of In-Kind
1. 7/02/90	Creighton L. Sherman	Candidate	\$ 250.00		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

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NOTE: COMMITTEES OF CONTINUOUS EXISTENCE ONLY-ANY CONTRIBUTIONS WHICH REPRESENT THE PAYMENT OF DUES BY A MEMBER IN A FIXED AMOUNT PURSUANT TO THE SCHEDULE ON FILE WITH THE DIVISION OF ELECTIONS NEED ONLY LIST THE AGGREGATE AMOUNT OF SUCH CONTRIBUTIONS, TOGETHER WITH THE NUMBER OF MEMBERS PAYING SUCH DUES AND THE AMOUNT OF MEMBERSHIP DUES.

ITEMIZED EXPENDITURES

Report Covering Period of 7/1/90 through 7/27/90 Page 1 of 1 Pages

Creighton L. Sherman

Name of Candidate, Political Committee or Committee of Continuous Existence

Total amount spent for Petty Cash purposes during the Reporting Period \$

Transfer of Funds to Interest Bearing Account or Certificate of Deposit from Campaign Account			
Name of Financial Institution	Nature of Account	Date of Transfer	Amount
Date	Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Amount
1. 7/16/90	Supervisor of Election Lee County Court House	Qualifying Fee	\$ 204.00
2. 7/27/90	Creighton L. Sherman	To close acct. returned to contributor	\$ 46.00
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

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SUPERVISOR OF
ELECTIONS
AUG 4 9 13 AM '90