

APPOINTMENT OF CAMPAIGN **TREASURER**
 AND DESIGNATION OF CAMPAIGN DEPOSITORY
 FOR NON-PARTISAN CANDIDATES
 (Section 106.021(1), Florida Statutes)
 (Please Type)

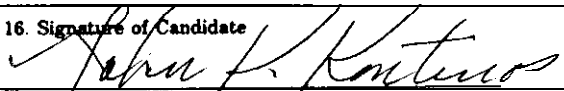
CHECK APPROPRIATE BOX
 ORIGINAL **APPOINTMENT**
 DEPUTY TREASURER
 REAPPOINTMENT OF TREASURER
 SECONDARY DEPOSITORY

Name of Candidate John K. Kontinos		1. Address Post Office Box 125 Sanibel, Florida 33957	
Telephone (Optional) 813-472-2805	2. Office (Add District, Circuit, or Group) Commissioner, Lee County Mosquito Control District, Area Three		
I have appointed the following person to act as my Campaign Treasurer <input checked="" type="checkbox"/> , Deputy Treasurer 0.			
3. Name John K. Kontinos			
4. Mailing Address (If Post Office BOX or Drawer, add Street Address) Post Office Box 125 (Gulf Drive)			5. Telephone 813-472-2805
6. city Sanibel	7. County L E E	8. State Florida	9. Zip Code 33957

I have designated the following named bank as my Primary Depository , Secondary Depository 0.

10. Bank Name Community Bank of the Islands		11. Street Address 2450 Periwinkle Way	
12. city Sanibel	13. County L E E	14. State Florida	15. Zip Code 33957

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

16. Signature of Candidate 	Date July 13, 1992
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Campaign Treasurer's Acceptance of Appointment

I, John K. Kontinos, do hereby accept the appointment as Campaign
 Treasurer , Deputy Treasurer 0 for the campaign of John K. Kontinos, who is
 Commissioner, Lee County Mosquito Control District Area Three, seeking election as a candidate to the office of District Area Three
 registered voter in L E E County, Florida, I am qualified to accept this
 appointment.

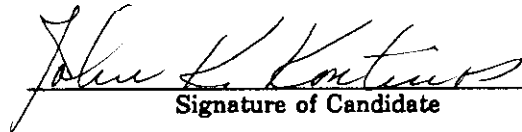
July 13, 1992
 Date


 Signature of Campaign Treasurer or
 Deputy Treasurer

RECEIVED
 OFFICE OF
 THE
 CLERK OF
 THE
 COUNTY
 OF
 LEE
 JUL 13 1992
 11 39 AM

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

I, STATE OF FLORIDA LEE County
John K. Kontinos, 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.

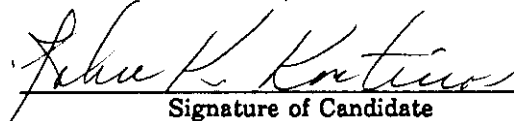

Signature of Candidate

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

Before me, an officer authorized to administer oaths, personally appeared
JOHN K. KONTINOS
(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 Three 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 offii in the state, the term of which office
or any part thereof runs concurrent. with 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

Post Office Box 125 (Gulf Drive)

Address

Sanibel. Florida 33957

City . State Zip

Sworn to and subscribed before me this 13th day of July 1992

Mary E. Sullivan Mary E. Sullivan
(Signature of Officer Administering Oath or of Notary Public - State of Florida)

MY COMMISSION EXPIRES: SEPT. 27, 1992
THRU NOTARY PUBLIC UNDERWRITERS

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification 0

Type of Identification Produced _____

JUL 14 8 39 AM '92
SUPERVISOR

STATEMENT OF CANDIDATE
(section 106.023, F.S.)
(Please Type)

I, John K. Kontinos, candidate for the office of
(Name of Candidate)
Commissioner, Lee County Mosquito Control District, Area Three

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

July 13, 1992

Date


Signature of Candidate

Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaigns Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.25(3), 106.265(1), Florida Statutes).

RECEIVED
JUL 14 8 39 AM '92
OFFICE OF
ELECTIONS

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1991

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: EITHER DECEMBER 31, 1991 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:	NAME OF AGENCY: Lee County Mosquito Control District <input checked="" type="checkbox"/> LOCAL OFFICER Commissioner OFFICE OR POSITION HELD: OFFICE HELD: OFFICE HELD: POSITION HELD: OFFICE SOUGHT:
LAST NAME - FIRST NAME - MIDDLE NAME: Kontinos, John Konstantine	<input type="checkbox"/> STATE OFFICER
MAILING ADDRESS: Post Office Box 125 (Gulf Drive)	<input type="checkbox"/> SPECIFIED STATE <input type="checkbox"/> EMPLOYEE
CITY: Sanibel ZIP: 33951 COUNTY: Lee	<input type="checkbox"/> CANDIDATE

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.
FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
OTHER FORMS you may need to file are described on page 6.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Coconut Grove Restaurant	Sanibel, Florida	Mortgage
Island Shopping Center	Sanibel, Florida	Mortgage

PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Coconut Grove Restaurant	Sanibel, Florida	Mortgage
Island Shopping Center	Sanibel, Florida	Mortgage

PART C — REAL PROPERTY [Land, buildings]

Island Shopping Center. Sanibel. Florida	RECEIVED SUPERVISOR ELECTION JUN 14 8 39 AM '92
Tridelthia Apartments, Cape Coral. Florida	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	



PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — GIFTS RECEIVED IN 1991 THAT WERE PROMISED BEFORE JANUARY 1, 1991

NAME OF DONOR OF GIFT(S)	DONOR'S ADDRESS	DESCRIPTION OF THE DONOR'S PRINCIPAL BUSINESS ACTIVITY
None		

PART G — 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	Community Bank of the Islands		
ADDRESS OF BUSINESS ENTITY	Sanibel, FL		
PRINCIPAL BUSINESS ACTIVITY	Banking		
POSITION HELD WITH ENTITY	Director		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No		
NATURE OF MY OWNERSHIP INTEREST	Stock		

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

SIGNATURE:

John K. Kortus

DATE SIGNED:

6/4/92

FILING INSTRUCTIONS FOR FORM 1:

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. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

WHERE TO FILE: A local officer files with the Supervisor of Elections of the county in which he or she permanently resides. A state officer or specified state employee files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399-0251. A candidate files this form together with his or her qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each local officer, 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. Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year they hold their positions. Candidates for publicly-elected state or local office must file at the same time they file their qualifying papers.

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.

NOTICE: UNDER PROVISIONS OF SEC. 112.317, FLORIDA STATUTES, 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 EXCEEDING \$5,000.

LEE COUNTY CANVASSING BOARD
SCHEDULE OF MEETINGS - 1992 ELECTIONS

Monday, August 31, 1992 1:00 PM
Logic & Accuracy Test of ballot counting equipment

Tuesday, September 1, 1992 8:00 AM
Canvass of Absentee Ballots
7:00 PM
Canvass of remaining Absentee Ballots followed by Logic & Accuracy Test of ballot counting equipment

Wednesday, September 30, 1992 1:00 PM
Logic & Accuracy Test of ballot counting equipment

Thursday, October 1, 1992 8:00 AM
Canvass of Absentee Ballots
7:00 PM
Canvass of remaining Absentee Ballots followed by Logic & Accuracy Test of ballot counting equipment

Monday, November 2, 1992 1:00 PM
Logic & Accuracy Test of ballot counting equipment

Tuesday, November 3, 1992 8:00 AM
Canvass of Absentee Ballots
7:00 PM
Canvass of remaining Absentee Ballots followed by Logic & Accuracy Test of ballot counting equipment

RECEIVED
NOV 11 1992

We anticipate the testing of the ballot counting equipment to require approximately one half hour. Time for the canvassing of the Absentee Ballots will be determined by the number of ballots mailed in. The amount of time for canvassing the returns is unpredictable.

If you should have further questions, please do not hesitate to call #335-2333.

Philinda A. Young
Supervisor of Elections

PAY/bb

I hereby acknowledge that I have received notification of the dates and times for certification of the ballot counting equipment, canvassing of the Absentee Ballots and the Logic and Accuracy Test prior to the counting of ballots on Election Night.

RECEIVED BY John L. Kuntz

DATE July 13, 1992

PART E — LIABILITIES IN EXCESS OF NET WORTH (Major debts)

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART F — GIFTS RECEIVED IN 1991 THAT WERE PROMISED BEFORE JANUARY 1, 1991

NAME OF DONOR OF GIFT(S)	DONOR'S ADDRESS	DESCRIPTION OF THE DONOR'S PRINCIPAL BUSINESS ACTIVITY
None		

PART G — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
	Community		
NAME OF BUSINESS ENTITY	Bank of the Islands		
ADDRESS OF BUSINESS ENTITY	Sanibel, FL		
PRINCIPAL BUSINESS ACTIVITY	Banking		
POSITION HELD WITH ENTITY	Director		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No		
NATURE OF MY OWNERSHIP INTEREST	Stock		

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

SIGNATURE:

DATE SIGNED:

6/4/92

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© HARLAND 1988	Campaign Account of John K. Kontinos		63-1331/670
	<i>July 13</i> 19 <i>92</i> Supervisor of Elections		\$ <u>264</u>
PAY TO THE ORDER OF			
---Two Hundred Sixty Four and 00/100-----DOLLARS			
 Community Bank of the Islands Sanibel Island, Florida 33957		<i>John K. Kontinos</i>	
-Qualifying Fee			
⑆067013315⑆		02013913⑈	

+

Campaign Account of John K. Kontinos		July 13 1992	63-1331/670
Campaign Account of John K. Kontinos		Supervisor of Elections	\$ 2.00
PAY TO THE ORDER OF		---Two Hundred Sixty Four and 00/100--- DOLLARS	
Community Bank of the Islands Sanibel Island, Florida 33957		FOR Qualifying Fee	
		#0670133151# #02013913#	

1992 CAMPAIGN

Campaign Treasurer's Report

(Please Type)

FINAL REPORT

FINAL REPORT

Identification Number:

1. KONTINOS, John K.
(Candidate's name by Last Name, First Name, Middle Initial or Name of Political Committee, Committee of Continuous Existence, or Party Name)
Commissioner, Lee County Mosquito Control District
Office Sought (Include District, Circuit And Group Number (Candidates Only))
Post Office Box 125 (Gulf Drive)
Address (Number And Street)
Sanibel, Florida 33957
City, State And Zip Code
 Candidate Committee of Continuous Existence
 Political Committee Party Executive Committee
 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.
 Campaign depository or bank account number: Community Bank of the Islands

Area Three

II. Type of Report (Check Appropriate Box)

January 10 April 10 July 10 October 1

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
 Special Election
 Termination Report (Candidates only)
 This Report is An Amendment.

III. Covering Period of July 1 through July 24, 1992

	Column 1 Cash & Checks	Column 2 Loans	Column 3 Total Monetary (Columns 1 + 2)	Column 4 In-Kind
IV. CONTRIBUTIONS				
A. Contributions Brought Forward From Previous Report, if Any	0	0	0	0
B. Contributions This Report	300.00	0	300.00	0
C. Total Contributions (Add Lines A & B)	300.00	0	300.00	0

	Column 3 Total Monetary (Columns 1 + 2)	Column 4 In-Kind
V. EXPENDITURES		
A. Expenditures Brought Forward From Previous Report, if Any	0	0
B. Expenditures This Report (Excluding Transfers to Office Account)	300.00	0
C. Transfers to Office Account (Candidates Only)	0	0
D. Total Expenditures (Add Lines A, B & C)	300.00	0

	Column 3 Total Monetary (Columns 1 + 2)
VI. BALANCE	
A. Balance In Account at End of Prior Year (For Political Committees, Committees of Continuous Existence and Party Executive Committees Only)	
B. Total Monetary Contributions (from line C, Column 3 above)	300.00
C. Total Expenditures (from line D, Column 3 above)	300.00
D. ACCOUNT BALANCE (Line A + Line B - Line C)	0

VII. Amount of 1.5 percent assessment remitted with this report:
 (For Political Committees, Committees of Continuous Existence and Party Executive Committees Only)

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

John K. Kontinos

TYPE OR PRINT NAME OF TREASURER

SIGNATURE

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

John K. Kontinos

TYPE OR PRINT NAME OF CANDIDATE (CHAIRMAN FOR POLITICAL COMMITTEE OR PARTY EXECUTIVE COMMITTEE)

SIGNATURE

Itemized Contributions for Candidates, Political Committees, and Committees of Continuous Existence

(Please Type)

KONTINOS, John K.

Candidate's name by Last Name, First Name, Middle Initial or Name of Political Committee or Committee of Continuous Existence)

Reporting Period July 1 through July 24, 1992

Page 1 of 1

Date MM/DD/YY	Name (Last Name, First Name, Middle Initial) Street Address City State Zip	Contributor Type ¹	Type of Contribution ²	Occupation If Over \$100 ³	In-Kind Description ⁴	Contribution Amount
07/13/92	John K. Kontinos Post Office Box 125 (Gulf Drive) Sanibel, Florida 33957	INDV	Cash	BANK		\$300.00

FINAL REPORT

JUL 29 4 29 PM '92

RECEIVED
SUNBELLE
1075 W. GOLF COURSE
SANIBEL, FL 33957

Use the following abbreviations for the columns noted above:

¹Contributor Type: CORP, COMM, INDV, BUS, PARTY
²Type of Contribution: CASH, CHECK, INKIND, LOAN, REFUND
DE 13(9-91)

Occupation: See Instruction Sheet
 'In-Kind Description: See Instruction Sheet

Itemized Expenditures

(Please Type)

K O N T I N O S , John K.

(Candidate's name by Last Name, First Name, Middle Initial; Name of Political Committee or Committee of Continuous Existence; or Party)

Covering Period July 1 through July 24, 1992

Total amount spent for Petty Cash during the reporting period \$ 0

Date MM/DD/YY	Name (Last Name, First Name, Middle Initial) Street Address City State Zip	Expense Type ¹	Purpose ²	Reimbur- sement ³	Expenditure Amount
07/13/92	Supervisor of Elections - Lee County Court House 2115 Second Street Fort Myers, Florida 33901	Monetary	Assmt/ Fee (Qualifying)		\$ 264.00
07/24/92	John K. Kontinos Post Office Box 125 Sanibel, Florida 33957	Monetary	Other Returned to donor	x	36.00

FINAL REPORT

JUL 29 4 29 PM '92
 SUPERVISOR OF ELECTIONS
 LEE COUNTY, FLORIDA

¹Expense Type: MONETARY, INKIND
²Purpose: See Instruction Sheet
³Reimbursement: SEE Instruction Sheet

Use the following abbreviations for the columns noted above: