

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 George T. (Pat) Mann, Jr.	1. Address 1453 Sandra Drive Fort Myers, Florida 33901
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Telephone (Optional) 813-334-8961	2. Office (Add District, Circuit, or Group) Commissioner, Lee County Mosquito Control District - Area Five
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I have appointed the following person to act as my Campaign Treasurer , Deputy Treasurer .

3. Name Jena L. Mann
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4. Mailing Address (If Post Office Box or Drawer, add Street Address) 1453 Sandra Drive,	6. Telephone 813-334-8961
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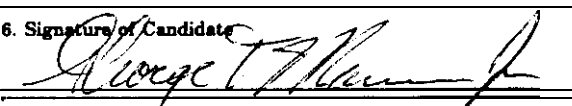
5. city Fort Myers	7. County Lee	8. State Florida	9. zip Code 33901
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I have designated the following named bank as my Primary Depository , Secondary Depository .

10. Bank Name First Federal Savings & Loan Association of Fort Myers	11. Street Address 2201 Second Street
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12. city Fort Myers	13. County Lee	14. State Florida	15. Zip Code 33901
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I will notify you of any additions or changes to these appointments.

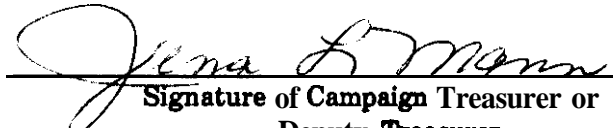
6. Signature of Candidate 	Date July 13, 1992
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Campaign Treasurer's Acceptance of Appointment

I, Jena L. Mann, do hereby accept the appointment as Campaign Treasurer , Deputy Treasurer  for the campaign of George T. (Pat) Mann, Jr., who is Commissioner, Lee County Mosquito seeking election as a candidate to the office of Control District, Area Five. As a duly registered voter in Lee County, Florida, I am qualified to accept this appointment.

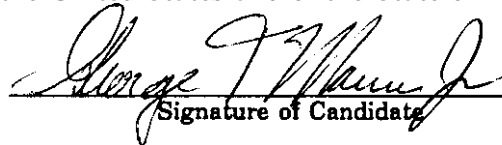
RECEIVED  
JUL 13 1992

July 13, 1992  
Date

  
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  
I, George T. (Pat) Mann, Jr. Lee county  
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

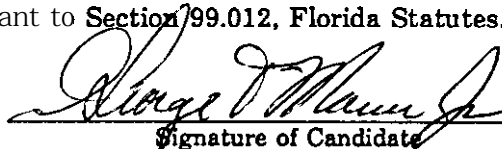
**OATH OF CANDIDATE**  
(Section 99.021(1)(a), Florida Statutes)

Before me, an officer authorized to administer oaths, personally appeared  
George T. (Pat) Mann, Jr.

(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 five, 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 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

1453 Sandra Drive

Address

Fort Myers, Florida 33901

City State Zip

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

Nancy W. Roberts  
\_\_\_\_\_  
(Signature of Officer Administering Oath or of Notary Public - State of Florida)

NANCY W. ROBERTS  
Notary Public, State of Florida at Large  
My Commission Expires September 18, 1993

(Print, Type, or Stamp Commissioned Name of Notary Public) AA 700671

Personally Known  OR Produced Identification

Type of Identification Produced FLDRM50031840097

JUL 14 8 39 AM '92

SUPERVISOR 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 type="checkbox"/> LOCAL OFFICER OFFICE OR POSITION HELD:  <input type="checkbox"/> STATE OFFICER OFFICE HELD:  SPECIFIED STATE POSITION HELD: <input type="checkbox"/> EMPLOYEE  <input checked="" type="checkbox"/> CANDIDATE OFFICE SOUGHT: Commissioner, Area Five
LAST NAME FIRST NAME MIDDLE NAME: Mann, George T. (Pat), Jr.	
MAILING ADDRESS: 1453 Sandra Drive	
CITY: ZIP: COUNTY: Fort Myers, 33901 Lee	

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
George T. Mann General Contractor, Inc.	2940 Hanson Street, 33916	Commercial and residential remodeling
1st Federal Savings & Loan	2201 Second Street 33901	Savings and Loan

**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
George T. Mann General Contractor, Inc.	2940 Hanson Street 33916	Commercial and Residential Remodeling
Mann Enterprises	2025 McGregor Blvd. 33901	Investment

**PART C — REAL PROPERTY** [Land, buildings]

George T. Mann General Contractor, Inc. - warehouses and land - 2940 Hanson St. 33916	
Mann Enterprises - Building and land - 2025 McGregor Blvd. 33901	

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATE	
Stock	1st Bancorp-Ohio	39
Stock	First Federal Savings and Loan of Fort Myers	92
Stock	Kemper Tech Fund	
Stock	LordAbbettAffi	



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

NAME OF CREDITOR	ADDRESS OF CREDITOR

**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

**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	1st Federal Savings & Loan of Fort Myers		
ADDRESS OF BUSINESS ENTITY	2201 Second Street		
PRINCIPAL BUSINESS ACTIVITY	Saving and Loan		
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 THIS FORM ARE CONTAINED IN SEPARATE SHEETS, PLEASE CHECK HERE

SIGNATURE:

*[Handwritten Signature]*

DATE SIGNED:

13th July, 1992

**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 a *specified state employee* files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399-0250. 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 a 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.**

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

I, George T. (Pat) Mann, Jr., candidate for the office of  
**(Name of Candidate)**

Commissioner, Lee County Mosquito Control District, Area Five

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

13 of July, 1992

**Date**

  
**Signature of Candidate**

**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), 106.25(3), 106.265(1), Florida Statutes).**

RECORDED  
SUPERVISOR OF  
ELECTIONS  
JUL 14 8 39 AM '92

Campaign Acct. of Pat Mann  
A/K/A George T. Mann Jr.  
Acct. #1161264

1

13 of July 1992

63-8592  
2670

PAY TO THE  
ORDER OF

*Supervisor of Elections* \$264.<sup>00</sup>

*Two hundred sixty four dollars and 00/100* DOLLARS

First Federal

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

MEMO

*See Acct. Mosquito Control District - 1161264*

*J Mann*

⑆ 267085923⑆ 1240001161264⑆ 0001

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

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



DATE 13 of July, 1992

# Campaign Treasurer's Report

(Please Type)

FINAL REPORT

Identification Number:

# FINAL REPORT

I. Mann, George T. (Pat) Mann, Jr.  
(Candidate's Name: Last Name, First Name, Middle Initial or Name of Political Committee, Committee of Continuous Existence, or Party Name)  
Commissioner, Lee County Mosquito Control District area 5

Office Sought (Include District, Circuit And Group Number) (Candidates Only)  
1453 Sandra Drive  
Address (Number And Street)

Fort Myers, Florida 33901  
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: \_\_\_\_\_

II. Type of Report (Check Appropriate Box)

January 10  April 10  July 10  October 10

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 A" Amendment.

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

IV. CONTRIBUTIONS	Column 1 Cash & Checks	Column 2 Loans	Column 3 Total Monetary (Columns 1+2)	Column 4 In-Kind
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

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

VI. BALANCE

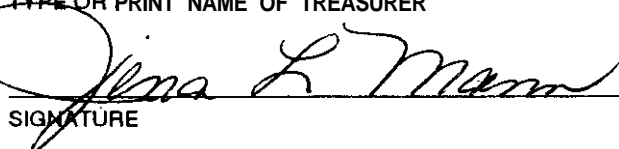
A. Balance in Account at End of Prior Year (For Political Committees, Committees of Continuous Existence and Party Executive Committees Only)	0
B. Total Monetary Contributions (from line C, Column 3 above)	300.00
C. Total Expenditures (from line D, Column 3 above)	300.00
D. ACCOUNT BALANCE (Line A +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

\_\_\_\_\_

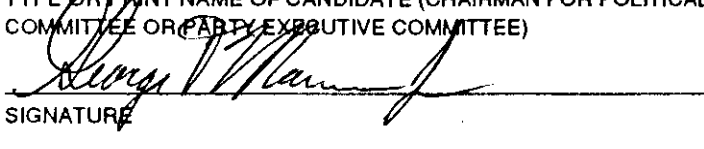
I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Jena L. Mann  
 TYPE OR PRINT NAME OF TREASURER

  
 SIGNATURE

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

George T. (Pat) Mann, Jr.  
 TYPE OR PRINT NAME OF CANDIDATE (CHAIRMAN FOR POLITICAL COMMITTEE OR PARTY EXECUTIVE COMMITTEE)

  
 SIGNATURE

Mann, George T. (Pat), Jr.

# Itemized Expenditures

(Please Type)

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SUPERVISOR OF  
ELECTIONS

(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 July 1 to July 24, 1992 reporting period \$ 274.00

Date MM/DD/YY	Name (Last Name, First Name, Middle Initial) Street Address City State Zip	Expense Type <sup>1</sup>	Purpose <sup>2</sup>	Reimbur- sement <sup>3</sup>	Expenditure Amount
1 7-13-92	Supervisor of Elections- Lee County Court House 2115 Second Street, Fort Myers, Florida	Monetary	Assmt/fee (Qualifyin		264.00
2 7-24-92	George T. (Pat) Mann, Jr. 1453 Sandra Drive, Fort Myers, Florida 33901	Monetary	Other Return to donor	X	36.00
3					
4					
5					
6					
7					
8					

<sup>1</sup>Expense Type: MONETARY, INKIND

<sup>2</sup>Purpose: See Instruction Sheet

<sup>3</sup>Reimbursement: See Instruction Sheet

Use the following abbreviations for the columns noted above:

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

(Please Type)

Mann, George T. (Pat), Jr.

RECEIVED  
SUPERVISOR OF  
REGISTRATION

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

Covering Period July 1 through July 24, 1992

JUL 27 10 57 AM '92

Page 1 of 1

Date MM/DD/YY	Name (Last Name, First Name, Middle Initial) Street Address City State Zip	Contributor Type <sup>1</sup>	Type of Contribution <sup>2</sup>	Occupation If Over \$100 <sup>3</sup>	In-Kind Description <sup>4</sup>	Contribution Amount
1] 7-13-92	George T. (Pat) Mann, Jr. 1453 Sandra Drive Fort Myers, Florida 33901	INDV	CASH	BLD/CONST		\$300.00
2]						
3]						
4]						
5]						
6]						
7]						
8]						

Use the following abbreviations for the columns noted above:

<sup>1</sup>Contributor Type: CORP, COMM, INDV, BUS, PAR,,  
<sup>2</sup>Type of Contribution: CASH, CHECK, INKIND, LOAN, REFUND  
 DS-DE 13(9-91)

<sup>3</sup>Occupation: See Instruction Sheet  
 'In-Kind Description: SW Instruction Sheet