

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR NON-PARTISAN CANDIDATES

(DS-DE 9A)

(Section 106.021(1), Florida Statutes)
(Please Type)

CHECK APPROPRIATE BOX

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

Name of Candidate: Thane R. Beehler, Sr. , Address (Include P.O. Box or Street, City, State, Zip Code): 1648 Braman Avenue, Ft. Myers, FL 33901

Telephone (Optional): _____ 2. Office (Add District, Circuit or Group Number): Area Six
Commissioner, Lee County Mosquito Control District

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

3. Name: Thane R. Beehler

4. Mailing Address (If Post Office Box or Drawer, add Street Address): 1648 Braman Avenue 6. Telephone: 278-7200

6. City: Fort Myers 7. county: Lee 8. State: FL 9. Zip Code: 33901

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

10. Bank Name: Society First Federal 11. Street Address: 2977 Cleveland Avenue

12. city: Ft. Myers 13. County: Lee. 14. State: FL 15. Zip Code: 33901

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

16. Signature of Candidate: *Thane R. Beehler* Date: July 18, 1994

Campaign Treasurer's Acceptance of Appointment

I, Thane R. Beehler, Sr., do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Thane R. Beehler, Sr.,
Commissioner, Lee County Mosquito Control District, Area Six

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

7/18/94
Date

Thane R. Beehler
Signature of Campaign Treasurer or
Deputy Treasurer

*THIS **CANDIDATE** HAD
NO **OPPOSITION** IN **THIS**
RACE.*

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

STATE OF FLORIDA Lee County
I, Thane R. Beehler, 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.

X Thane R Beehler
Signature of Candidate

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

Before me, an officer authorized to administer oaths, personally appeared
Thane R. Beehler, Sr.

(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 6 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
office from which he is required to resign pursuant to Section 99.012, Florida Statutes.

Thane R Beehler
Signature of Candidate

1648 Braman Avenue
Address

Fort Myers, FL 33901
City State Zip

Sworn to and subscribed before me this 18th day of July, 1994

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

Mary E. Sullivan
(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known OR Produced Identification

Type of Identification Produced _____

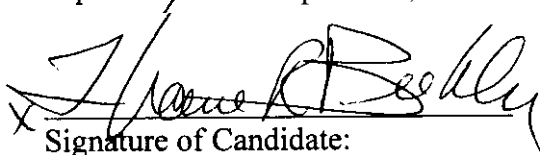
STATEMENT OF CANDIDATE

F.S. 106.023

Each candidate must file a statement with the qualifying officer within 10 days after he files his appointment of campaign treasurer and designation of campaign depository, stating that he has read and understands the requirements of this chapter.

STATEMENT OF CANDIDATE

I, Thane R. Beehler, Sr., candidate for the office of Commissioner, Lee Co. Mosquito Control Dist., have received, read, and understand the requirements of Chapter 106, Florida Statutes.


Signature of Candidate:

July 18, 1994
Date:

This document must be signed and returned to the office of the Supervisor of Elections within 10 days.

Send to:

Qualifying Officer
Elections Office
Post Office Box 2545
Fort Myers, FL 33902

or

Return to:

Lee County Constitutional Complex
Elections Office-Third Floor
2480 Thompson Street
Fort Myers, FL 33901

RECEIVED
SUPERVISOR OF ELECTIONS
JUL 19 9 00 AM '94

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 339-6300.

PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1993

| | |
|---|---|
| THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: EITHER DECEMBER 31, 1993 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: | NAME OF AGENCY: Lee County Mosquito Control District 6 <input checked="" type="checkbox"/> LOCAL OFFICER Commissioner OFFICE OR POSITION HELD: OFFICE HELD: POSITION HELD: OFFICE SOUGHT: |
| LAST NAME - FIRST NAME - MIDDLE NAME: Beehler, Thane R. | 0 STATE OFFICER 0 EMPLOYEE 0 CANDIDATE |
| MAILING ADDRESS: 1648 Braman Avenue CITY: Fort Myers ZIP: 33901 COUNTY: Lee | SPECIFIED STATE POSITION HELD: |

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 |
|--|------------------|---|
| DACS - Bureau of Entomology and Pest Control | | |
| | | |
| | | |

PART S-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 |
|--|------------------|---|
| None | | |
| | | |

PART C — REAL PROPERTY [Land, buildings]

| | | |
|------|--|--|
| None | | |
| | | |
| | | |

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 — 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 | None | | |
| 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 PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE *[Handwritten Signature]* DATE SIGNED: 7/18/94

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 323994250. 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.

(Continued on p. 3)

Thane R. Beehler Campaign Account
1648 Braman Avenue
Ft. Myers, FL 33901

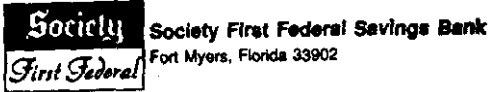
93

July 18, 1994

63-8592
2670

Pay to the order of Supervisor of Elections | \$ 264.00

Two Hundred Sixty-Four & No/100-----Dollars



Thane R. Beehler

Memo _____

⑆ 26 708 59 23 ⑆ 00 5000 1 534 1 2 2 ⑆ 0093

LEE COUNTY CANVASSING BOARD
SCHEDULE OF MEETINGS

CONSTITUTIONAL COMPLEX
Third Floor - Ballot Counting Room

FIRST PRIMARY

Wednesday, September 7, 1994 1:00 PM
Logic & Accuracy Test
Thursday, September 8, 1994 8:00 AM
Canvass of Absentee Ballots

SECOND PRIMARY

Monday, October 3, 1994 1:00 PM
Logic & Accuracy Test
Tuesday, October 4, 1993 8:00 AM
Canvass of Absentee Ballots

GENERAL ELECTION

Monday, November 7, 1994 1:00 PM
Logic and Accuracy Test
Tuesday, November 8, 1994 8:00 AM
Canvass of Absentee Ballots

You are invited to attend the public Logic and Accuracy Test (testing of the ballot tabulating equipment) and the canvass of the absentee ballots. We anticipate the logic and accuracy testing to require approximately one hour. Canvass of the absentee ballots will take only a few minutes. (P.S. 101.5612) (F.S. 101.68)

If you should have further questions, please do not hesitate to call #339-6300.

Philinda A. Young
Supervisor of Elections

I hereby acknowledge that I have received notification of the dates and times for **certification** of the ballot counting equipment and the **canvassing** of absentee ballots.

RECEIVED BY

J. How R. Beatty

DATE

7/22/94

PAY/bb

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT

SUMMARY SHEET (DS-DE 12)

FIRST & FINAL REPORT

Beehler, Thane R., Sr.

Candidate's name (Last, Suffix, First, Middle) OR
Political Committee, CCE, or Party Name

1648 Braman Avenue

Address (Number and Street)

Fort Myers, Florida

33901

City State zip code

Identification Number (Assigned by Division of Elections)

Commissioner, Lee County Mosquito
Control District, Area Six

Office Sought (Include District, Circuit and Group Number)

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.

Campaign depository or bank account number _____

TYPE OF REPORT

(Check Appropriate Box)

Cover Period: From 7/1/94 To 7/29/94

QUARTERLY REPORTS

January

April

July

October

FIRST PRIMARY

32nd day prior

18th day prior

4th day prior

SECOND PRIMARY

18th day prior

4th day prior

GENERAL ELECTION

18th day prior

4th day prior

SPECIAL ELECTION

TERMINATION REPORT (CANDIDATE'S ONLY)

THIS REPORT IS AN AMENDMENT

INDEPENDENT EXPENDITURE REPORT

AUG 4 11 24 AM '94
 SU 20

CERTIFICATION

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.

Thane R. Beehler, Sr.

Type Name of Treasurer Deputy Treasurer

Thane R. Beehler, Sr.

Type Name of Candidate Chairman (PC/Party Only)

Thane R. Beehler

Signature

Thane R. Beehler

Signature

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT
SUMMARY SHEET (DS-DE 12) CON'T**

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

| EXPENDITURES | COLUMN 2 Surplus Funds | COLUMN 3 Total Monetary | COLUMN 4 In-Kind |
|---|------------------------------|-------------------------------|---------------------|
| D. Expenditures Brought Forward from Previous Report, If Any | - 0 - | - 0 - | - 0 - |
| E. Expenditures This Report (Excluding Transfers to Office Account) | - 0 - | 300.00 | - 0 - |
| F. Transfers To Office Account (Candidates Only) | - 0 - | - 0 - | - 0 - |
| G. Total Expenditures (Add Lines D + E + F) | - 0 - | 300.00 | - 0 - |

| BALANCE | COLUMN 3 Total Monetary Aug |
|---|--------------------------------------|
| H. Balance in Account at End of Prior Year (political Committees, CCEs, and Party Executive Committees Only) | - 0 - |
| I. Total Monetary Contributions (From Line C, Column 3 Above) | 300.00 |
| J. Total Expenditures (From Line G, Column 2 + 3 Above) | 300.00 |
| K. ACCOUNT BALANCE (Line H + Line I - Line J) | - 0 - |

SUPPLEMENTAL
 REPORT
 11/29/11/1994

ITEMIZED CONTRIBUTIONS (DS-DE 13)

Cover Period: 7/1/94 through 7/29/94

Page 1 of 1

Thane R. Beehler

Name of Candidate. Political **Committee, Committee** of Continuous Existence or **Party Executive Committee**

| 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 Amount Including Interest Earned | In-Kind Amount | Description of In-Kind |
| 1. 7/18 | Thane R. Beehler, Sr. 1648 Braman Avenue Ft. Myers, FL 33901 | candidate | 300.00 | - 0 - | - 0 - |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

Aug 4 11 21 AM '94
SUPERINTENDENT OF ELECTIONS

NOTE: Committees of **Continuous** Existence ONLY -- Any contribution which represents 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 contribution, together with the number of members paying such dues and the amount of membership dues.

ITEMIZED EXPENDITURES (DS-DE 14)

Cover Period: 7/1/94 through 7/29/94

Page 1 Of 1

Thane R. Beehler, Sr.

Name of Candidate, Political Committee, Commiucc of Continuous Existence or Party Executive Committee

Total Amount Spent for Pcu 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 |
| 1 | Supervisor of Elections P. O. Box 2545 Ft. Myers, FL 33902 | | Qualifying Fee | 264.00 |
| 2 | Thane R. Beehler, Sr. 1648 Braman Avenue Ft. Myers, FL 33901 | | To close account. Returned to contributor | 36.00 |
| 3. | | | | |
| 4 | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Aug 11 11 29 AM '94
 SUPERVISOR OF ELECTIONS
 FT. MYERS, FL

* If expenditure is a contribution to a candidate, please give the office sought (include district, circuit and group number).