

CANDIDATE APPLICATION

March 11, 2008 General Election

CITY OF TREASURE ISLAND
PINELLAS COUNTY
FLORIDA

The undersigned, being duly sworn, deposes and says: I am a candidate for the office of: (check one)

Commissioner – District 2

Commissioner – District 4

of the City of Treasure Island, Pinellas County, Florida, created by Chapter 31322, Laws of Florida, 1955. That I reside at 114 - 90TH AVENUE in the City of Treasure Island, Florida. That I have met all the requirements of and I am a legal voter in the City of Treasure Island, Florida.

That I am not a candidate or a nominee or representative of any political party or committee or convention representing or sitting for a political party.

The qualifying fee of \$50 and the Assessment fee of \$54 (\$104 total) are included with and made a part of this application.

PHONE NUMBERS

Home: (727) 360-6070

Office: _____

Fax: _____

E-Mail: REVAM3@

VERIZON.NET

Don Callahan
Signature of Candidate

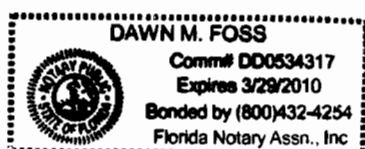
State of Florida
County of Pinellas

Sworn and subscribed to before me this 31st day of December, 2007/~~2008~~.

Dawn M. Foss
Notary Public

Personally known or Produced Identification _____

Type of identification produced _____



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3:10 pm

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate

Don Callahan

1. Address (include post office box or street, city, state, zip code)

114 - 90th Avenue
Treasure Island FL 33706-3314

Telephone (optional)

(727) 360-6070

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

District 4 City Commissioner

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

4. Name of Treasurer or Deputy Treasurer

Don Callahan

5. Mailing Address (If post office box or drawer add street address)

114 - 90th Avenue

6. Telephone

(727) 360-6070

7. City

Treasure Island

8. County

Pinellas

9. State

Florida

10. Zip Code

33706-3314

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

11. Name of Bank

Bank of America

12. Street Address

175 Treasure Island Cswy

13. City

Treasure Island

14. County

Pinellas

15. State

Florida

16. Zip Code

33706-4715

17. Signature of Candidate

Don Callahan

Date

12/31/07

Campaign Treasurer's Acceptance of Appointment

I, Don Callahan, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Don Callahan

who is seeking nomination or election as a Nonpartisan candidate to the office of
(Party)

District 4 City Commissioner

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

12/31/07
Date

Don Callahan
Signature of Campaign Treasurer or Deputy Treasurer

AFFIDAVIT AND OATH

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, this day personally appeared Don Callahan who being duly sworn, deposes and says:

1. That I, DON CALLAHAN, hereby submit this Affidavit to the City Clerk of the City of Treasure Island to qualify as a Candidate from District No. 4 for the Municipal Election scheduled for March 11, 2008.

3. I acknowledge that the City Clerk of the City of Treasure Island has identified for me the geographical boundaries for the District and that I am familiar with the district boundary. If Candidate for Mayor the Municipal boundaries were identified by the City Clerk.

4. I declare that I reside at 114 - 90TH AVENUE
Treasure Island, Florida.

5. Further Affiant sayeth naught.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and Oath and that the facts stated in it are true.

Don Callahan

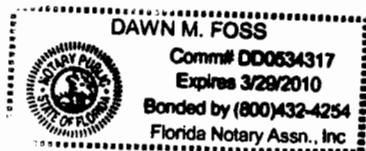
Candidate Signature

BEFORE ME, the undersigned, personally appeared Don Callahan, who under oath, testified that he/she executed the above and foregoing Affidavit and Oath and that the statements contained are true and correct. The Affiant is personally known to me or who has produced _____ as identification and who did take an oath.

WITNESS my hand and official seal, this 31st day of December, 2007.

Dawn M. Foss
Signature Notary Public

My Commission Expires:



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3:10 pm

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Callahan -- Donald -- Vincent

MAILING ADDRESS :
114 - 90th Avenue

CITY : ZIP : COUNTY :
Treasure Island 33706 Pinellas

NAME OF AGENCY :
City of Treasure Island

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
District 4 City Commissioner of Treasure Island, Florida

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2006 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Security Administration	6401 Security Blvd, Baltimore MD 21235	"The Social Security Administration's mission is to advance the economic security of the nation's people ..."
		(See SSA.gov Mission Statement)

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Residence located at 114 - 90th Avenue, Treasure Island FL 33706-3314

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 on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bank Account	Bank of America, 175 Treasure Island Cswy, Treasure Island FL 33706-4715
Bank Account	Fifth Third Bank, 180 Treasure Island Cswy, Treasure Island FL 33706-4716

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	N/A

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	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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, PLEASE CHECK HERE

SIGNATURE (required):

Don Callahan

DATE SIGNED (required):

12/31/07

FILING INSTRUCTIONS:

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.

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 Boulevard, 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 local 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.

**CERTIFICATION OF RECEIPT OF NOTICE OF PRE-ELECTION
TEST OF VOTING EQUIPMENT**

In accordance with the provisions of Chapter 101.5612 (1), Florida Statutes, notice is hereby given that an accuracy test certification of the ballot counting equipment to be used in the General Election to be held on Tuesday, March 13, 2007, in the City of Treasure Island, Florida, will be conducted on:

- Feb. 20 **9:00 a.m. – Test early voting and precinct touch screen voting machines and optical scan equipment**

- Mar. 7-10 **9 a.m. Second test of optical scan equipment;**
Canvass and process absentee ballots.

- Mar. 11 **9 a.m. Continue canvass and processing of absentee ballots**

- Mar. 11 **7 p.m. Process election result cartridges; Release unofficial results**

- Mar. 13 **9 a.m. provisional ballots and release final election results; Final Test of optical scan equipment**

All of these tests will be conducted at the Supervisor of Elections' Service Center 13001 Starkey Road, Largo, FL, by their staff. Candidates are welcome to attend.

IN WITNESS WHEREOF, I hereunto set my hand and official seal this 31st day of December, 2007.

Dawn M. Joso
City Clerk

In accordance with Florida Law, I hereby certify that I have received this **Notice of Pre-Election and Post Election Testing of Tabulating Equipment as above written.**

Don Callahan
Candidate's Signature

RECEIVED DEC 31 2007
3:10 PM

**CERTIFICATION OF RECEIPT OF NOTICE OF PENALTY
FOR LATE FILING OF CAMPAIGN TREASURER'S REPORTS**

I HEREBY CERTIFY, that I have been informed of the following penalties for late filing of Treasurer's Reports for the March 11, 2008, Treasure Island General Election.

Any candidate failing to file a report on the designated due date shall be subject to a fine of \$50 per day for the first 3 days late and, thereafter, \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

However, for the reports IMMEDIATELY PRECEDING each primary and GENERAL ELECTION THE FINE SHALL BE \$500 PER DAY for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report, as provided in Section 106.07(2), (8), F.S.

For a Candidate's Termination Report, the fine shall be \$50 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater for the period covered by the late report.

The fine MUST be paid from the Candidate's personal funds – NOT campaign funds.

Date: 12/31/07


Candidate's Signature

ATTEST:


CITY CLERK

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3:10 pm

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

Don Callahan

I, _____,

candidate for the office of District 4 City Commissioner of Treasure Island,

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Don Callahan
Signature of Candidate

12/31/07
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).

CANDIDATE INFORMATION

This office is frequently questioned (i.e. St. Pete Times, Tampa Tribune, etc.) regarding the background of Candidates. Please complete the following and add any other information you believe may be useful. Please be advised that all this information will become public information once filed with the City Clerk. Under Florida's Public Records Law (Chapter 119), if requested this information will be given out to any person.

NAME: DON CALLAHAN
ADDRESS: 114 - 90TH AVENUE, TREASURE ISLAND FL 33706

PHONE: OFFICE HOME (727) 360-6070
FAX CELL (optional)
E-MAIL REVAM3@VERIZON.NET (Optional)

DRIVERS LICENSE NO. C450-198-28-166-0

EDUCATION: FORDHAM PREP (HIGH SCHOOL) 1946
FORDHAM UNIV (B.A. ENGLISH 1950); PH.D. IN PHILOSOPHY Woodstock College

LENGTH OF TIME IN FLORIDA: 44 YRS (44 YRS IN TREASURE ISLAND)

WHERE YOU LIVED PRIOR TO FLORIDA: NEW YORK CITY

BUSINESS/PROFESSION: INSTRUCTOR

MARRIED/SPOUSE'S NAME: N/A

CHILDREN: N/A

AFFILIATION WITH CLUBS, ORGANIZATIONS, ETC.:

ADDITIONAL INFORMATION:
REVAM3@VERIZON.NET

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3:10 pm