



**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

**OFFICE USE ONLY**

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate <b>EDWARD J. GAYTON JR</b>	1. Address (include post office box or street, city, state, zip code) <b>11285 5<sup>TH</sup> ST E TREASURE IS FLA 33706</b>
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Telephone (optional) <b>(727) 360-0590</b>	2. Party (Partisan candidates only) <b>-</b>	3. Office (add district, circuit, group number) <b>COMMISSIONER DISTRICT 2</b>
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I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
**LILLIAN P. GAYTON**

5. Mailing Address (If post office box or drawer add street address) <b>11285 5<sup>TH</sup> ST E</b>	6. Telephone <b>727-360-0590</b>
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7. City <b>TREASURE ISLAND</b>	8. County <b>PINELLAS</b>	9. State <b>FL</b>	10. Zip Code <b>33706</b>
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I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank <b>BANK OF AMERICA</b>	12. Street Address
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13. City <b>TREASURE ISLAND</b>	14. County <b>PINELLAS</b>	15. State <b>FL</b>	16. Zip Code <b>33706</b>
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17. Signature of Candidate <b>X Edward J. Gayton Jr.</b>	Date
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**Campaign Treasurer's Acceptance of Appointment**

I, LILLIAN P. GAYTON, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of EDWARD J. GAYTON JR

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

COMMISSIONER DISTRICT 2 As a duly registered voter in PINELLAS

County, Florida, I am qualified to accept this appointment.

**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.**

12-26-07  
Date

**X** Lillian P. Gayton  
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 Edward J. Gayton Jr. who being duly sworn, deposes and says:

1. That I, EDWARD J. GAYTON JR, hereby submit this Affidavit to the City Clerk of the City of Treasure Island to qualify as a Candidate from District No. 2 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 11285 5<sup>TH</sup> ST E  
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.

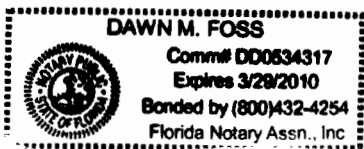
Edward J. Gayton Jr.  
Candidate Signature

BEFORE ME, the undersigned, personally appeared Edward J. Gayton Jr., 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 26<sup>th</sup> day of December, 2007.

Dawn M. Foss  
Signature Notary Public

My Commission Expires:



<p><b>CANDIDATE FOR NON-PARTISAN OFFICE</b> (Sections 876.05-876.10, Florida Statutes)</p> <p>STATE OF FLORIDA</p> <p><u>PINELLAS</u>, COUNTY</p>	<p><b>OFFICE USE ONLY</b></p>
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I, 

<u>EDWARD</u> First Name	<u>JOSEPH</u> Middle Name/Initial	<u>GAYTON JR</u> Last Name
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 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.

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

I, EDWARD J. GAYTON JR  
(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of COMMISSIONER, 2, \_\_\_\_\_  
(office) (district) (group)

My legal residence is PINELLAS County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Edward J. Gayton Jr. (727) 360-0590  
Signature of Candidate Daytime Telephone Number

11285 5<sup>TH</sup> ST E TREASURE ISLAND FL 33706  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 26<sup>TH</sup> day of December, 2007.

Personally Known:  or

Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

Dawn M. Foss  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

GAYTON EDWARD JOSEPH JR

MAILING ADDRESS :

11285 5<sup>TH</sup> ST E

TREASURE ISLAND 33706 PINELLAS

CITY : ZIP : COUNTY :

NAME OF AGENCY :

COMMISSIONER DISTRICT 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2006

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

\*\*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
MERCANTILE BANK	P.O. Box 12249 Columbus S.C. 29211	BANKING CD'S
SOCIAL SECURITY	P.O. Box 33026 Baltimore MD 21290-3026	SOCIAL SECURITY

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

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

11285 5 <sup>TH</sup> ST E TREASURE ISLAND FLA 33706
11220 9 <sup>TH</sup> ST E TREASURE ISLAND FLA 33706

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

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

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			
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):  DATE SIGNED (required): 12-26-07

**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 26<sup>th</sup> day of December, 2007.

  
\_\_\_\_\_  
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.**

  
\_\_\_\_\_  
Candidate's Signature

**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.

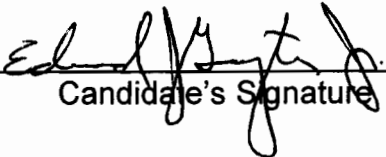
Any candidate failing to file a report on the designated due date shall be subject to a fine of \$50 per day for the first 3 days late and, thereafter, \$500 per day for each late day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

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: 12-26-07

  
Candidate's Signature

ATTEST:

Dawn M. Foss  
CITY CLERK

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, EDWARD J. GAYTON JR,

candidate for the office of COMMISSIONER DISTRICT 2;

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

X Edward J. Gayton Jr.  
Signature of Candidate

12-26-07  
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).