


# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

14 JUN 15 AM 10:47 SUE LEE CO-F1

<b>Candidate Name</b>	EDWARD PATRICK FITZGERALD		
<b>Residence Address</b>	13100 SOUTHAMPTON DRIVE		
<b>City and Zip Code</b>	BONITA SPRINGS, FLORIDA 34135		
<b>Mailing Address</b>	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
<b>Telephone Number(s)</b>	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input checked="" type="checkbox"/> Alternate (list below)
	239 495-6786		239 405 0573
<b>Email Address</b>	EDWARD.FITZGERALD@COMCAST.NET		
<b>Office Sought</b>	FIRE COMMISSIONER - BONITA SPRINGS FIRE DEPT		
<b>Area, District, Group or Seat #</b>	ONE (1)		
<p>➤ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➤ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
<b>➤ Political Party For Office Sought</b>	NON-PARTISAN		
<b>Date Of Birth or Voter Registration ID #</b>	NOVEMBER 7, 1934		
<b>Date</b>	JUNE 18, 2014		
<b>Candidate Signature</b>			

All candidate-qualifying documents and campaign finance reports will be posted at the Lee County Supervisor of Elections website [www.leeelections.com](http://www.leeelections.com) or use the following link: [http://www.precinctfind.com/cand\\_lee2.html](http://www.precinctfind.com/cand_lee2.html). Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

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

\*14JUN19AM1047 SOE LEE COF1

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)  
EDWARD PATRICK FITZGERALD

3. Address (include post office box or street, city, state, zip code)  
13100 SOUTHAMPTON DR  
BONITA SPRINGS FL 34135

4. Telephone  
739 14956786

5. E-mail address  
edward.fitzgerald@comcast.net

6. Office sought (include district, circuit, group number)  
FILE COMMISSIONER (SEAT) BONITA SPRINGS

7. If a candidate for a nonpartisan office, check if applicable:  
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a  
 Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer  
EDWARD P. FITZGERALD (CANDIDATE)

11. Mailing Address  
13100 SOUTHAMPTON DR BONITA SPRINGS

12. Telephone  
739 14956786

13. City  
BONITA SPRINGS

14. County  
LEE

15. State  
FL

16. Zip Code  
34135

17. E-mail address  
edward.fitzgerald@comcast.net

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank  
FIFTH THIRD BANK

20. Address  
9021 Bonita Beach Rd SE

21. City  
BONITA SPRINGS

22. County  
LEE

23. State  
FL

24. Zip Code  
34135

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date  
9 June 18, 2014

26. Signature of Candidate  
X Edward Fitzgerald

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
I, EDWARD PATRICK FITZGERALD, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.  
6/19/2014 Date      X Edward Fitzgerald Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

14 JUN 15 04 10 47 AM '04

I, EDWARD PATRICK FITZGERALD,  
candidate for the office of FILE COMMISSIONER (SEAT 1) BONITA SPRINGS;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Edward P. Fitzgerald

Signature of Candidate

6/18/04

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 OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

\*14JUN19AM1110 SUE LEE CDFI

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, EDWARD PATRICK FITZGERALD

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Fire Commissioner Bonita Springs

Seat # 1 (office) LEE (district #)  
(circuit #) (group or seat #); I am a qualified elector of \_\_\_\_\_ 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Edward P Fitzgerald (Signature of Candidate) 394 4956786 (Telephone Number) edwardofitzgerald@concern-net (Email Address)

13100 Southampton Dr. (Address) Bonita Springs (City) FL (State) 34135 (ZIP Code)

Candidate's Florida Voter Registration Number (located on yo

FITZGERALD, EDWARD P  
13100 SOUTHAMPTON DR  
BONITA SPRINGS FL 34135

111270541

\* Please print name phonetically on the line below as you wish with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA

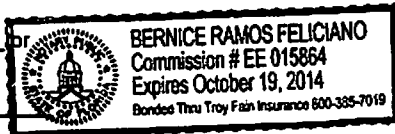
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 19 day of June, 2014.

Personally Known:

Produced Identification: \_\_\_\_\_

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



Bernice Ramos Feliciano  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

COPY

FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME: FITZGERALD EDWARD PATRICK

MAILING ADDRESS: 13100 SOUTHAMPTON DR NE

BONITA SPRINGS FL 33435 LEE CITY: ZIP: COUNTY:

NAME OF AGENCY: BONITA SPRINGS FIRE CONTROL + RESCUE DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT: FIRE COMMISSIONER (SEAT 1)

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

CHECK ONLY IF [X] 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 (must check one):

[X] DECEMBER 31, 2013 OR [ ] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING:

[X] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [ ] DOLLAR VALUE THRESHOLDS

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

(If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include NY Fire Dept, Social Security, Richard James Brokerage, Edward Jones, New York NY, Washington DC, Franklin NJ, Naples FL, Pension, Investment Portfolio.

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row includes Bonita Fire Dept, Fire Protection, Bonita Springs, Life Safety.

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

(If you have nothing to report, write "none" or "n/a")

Table with 2 columns: Address and City/State. Rows include 13100 Southampton Dr Bonita Springs FL, 3416 10 Lane West Palm Beach FL.

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.

COPY

**PART D — INTANGIBLE PERSONAL PROPERTY** (Stocks, bonds, certificates of deposit, etc. - See instructions)  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
INVESTMENT PORTFOLIO	LEONARD JONES FINANCIAL ADVISOR NAYES FL
INVESTMENT PORTFOLIO	RICHARD JAMES " " NEW JERSEY

**PART E — LIABILITIES** (Major debts - See instructions)  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
FIFTH THIRD BANK	MIAMI 13100 SOUTHWAMPTON DR BOYNTON SPINGS FL

**PART F — INTERESTS IN SPECIFIED BUSINESSES** (Ownership or positions in certain types of businesses - See instructions)  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	ADDRESS OF BUSINESS ENTITY	N/A
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A
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):**

*Edward R. B. Sullivan*

*JUNE 18, 2014*

If a certified public accountant (licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**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).

**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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**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.

**Facsimiles will not be accepted.**

**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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.