

**CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE**

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Charles B. Dailey

(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 LEE COUNTY School Board . 6 .
(office) (district #)

_____ ; I am a qualified elector of LEE COUNTY County, Florida;
(circuit #) (group or seat #)

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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Charles B. Dailey (239) 980-3082 Charles.b.dailey@gmail.com
Signature of Candidate Telephone Number Email Address

611 S.E. 17th Terr. Cape Coral FL 33990
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111543274

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
CHARLES B. DAILEY

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 9th day of JUNE, 2016.

Personally Known: _____ or
Produced Identification: X
Type of Identification Produced: FL DL

Tamara Lopez
Signature of Notary Public
Print, Type or Stamp Name of Notary Public
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF131843
Expires 8/17/2018

*16JUN09PM 1213 50E LEE CO F1

OF 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:
Dailey Charles Bradley

MAILING ADDRESS:
611 S.E. 17th Terrace

Cape Coral 33990 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY:
Board Member - Lee County School District

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
DISTRICT 6

CHECK IF THIS IS A FILING BY A CANDIDATE

16JUN20PM 4 38 SDE LEE CO FL
16JUN20PM 1213 SDE LEE CO FL

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 15 was \$ 504,289.00.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:
Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 23,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2007 Lexus SE	10,000
611 SE 17th Terrace	265,000
2015 Chevy Traverse	30,000
Northwestern Mutual Life Insurance Company	489,000

PART C – LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Advantage Card Services, PO Box 1337, Philadelphia, PA 19101-3337	6,000
Fifth Third Bank Mortgage	228,000
Suncoast Credit Union, 6801 E. Hillsborough Ave, Tampa, FL 33680	27,000
Wells Fargo Financial Services, 3201 North 4th Ave., Sioux Falls, South Dakota	28,711
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D – INCOME

16 JUN 20 PM 4 38 SDE LEE Co FI

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Social Security Administration	Southeastern Program Center, 1200 Rev. Abraham Woods, Jr. Blvd., Birmingham, AL 35285	24,840
Northwestern Mutual Life Insurance Co	720 E. Wisconsin Ave. Milwaukee, WI 53202-4397	33,600

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

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

PART E – INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY		N/A	
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

16 JUN 09 PM 12 13 SDE LEE Co FI

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 9th day of JUNE, 2016 by CHARLES B. DAILEY

THOMAS A. GARR
 (Signature of Notary Public, State of Florida)
 NOTARY PUBLIC

STATE OF FLORIDA
 (Print, Name of Notary Public)

Personally Known Expire 6/11/2018 OR Produced Identification X

Type of Identification Produced FL DL

Charles B. Dailey
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(239) LEE-VOTE (533-8683)

www.lee.vote

Primary Election August 30, 2016



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

(239) LEE-VOTE (533-8683)

www.lee.vote

General Election November 8, 2016

Table with 2 columns: Location and Address. Locations include Bonita Springs-Elections Office, Cape Coral-Elections Office, Lee County Elections Center, North Fort Myers Recreation Center, Northwest Regional Library, East County Regional Library, and Veterans Park Recreation Center.

Table with 2 columns: Location and Address. Locations include Bonita Springs-Elections Office, Cape Coral-Elections Office, Lee County Elections Center, North Fort Myers Recreation Center, Northwest Regional Library, East County Regional Library, and Veterans Park Recreation Center.

Timeline table for Primary Election August 30, 2016. Columns: DATE, TIME, ACTION, LOCATION, COMMENTS. Includes events like logic and accuracy testing, mail ballot tabulation, review of votes, and post-election manual audit.

Timeline table for General Election November 8, 2016. Columns: DATE, TIME, ACTION, LOCATION, COMMENTS. Includes events like logic and accuracy testing, mail ballot tabulation, review of votes, and post-election manual audit.

I have received a copy of the Canvassing Board Meetings and Logic and Accuracy Testing Schedules for the August 30, 2016 Primary Election and the November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683).

Candidate Signature: Charles B. Dailey Print Name: CHARLES B. DAILEY Date Signed: 06/01/2016