# CANDIDATE OATH -SCHOOL BOARD NONPARTISAN OFFICE

| OFFICE USE ONLY   |  |  |  |  |
|---|--|--|--|--|
| OATH OF CANDIDATE (Sections 99.021 and 105.031, Florida Statutes)   |  |  |  |  |
| I, CATHUEEN MORGAN  (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 SCHOOL BOAND LEE TY 7, (office)  |  |  |  |  |
| (circuit #) (group or seat #) (circuit #) (circuit #) (circuit #)   |  |  |  |  |
| 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.  |  |  |  |  |
| (239) 947-4755 morgan 4LCR egmail Signature of Candidate Telephone Number Email Address   |  |  |  |  |
| 27140 SHOLL RIDGE CI BOUTA SPGS FZ 34134-8782 Address City State ZIP Code   |  |  |  |  |
| Candidate's Florida Voter Registration Number (located on your voter information card):   |  |  |  |  |
| * 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):  **Eath Leen Morgan   |  |  |  |  |
| STATE OF FLORIDA  COUNTY OF LEE   |  |  |  |  |
| Sworn to (or affirmed) and subscribed before me this 6 day of 501/6.  |  |  |  |  |
| Personally Known: or  |  |  |  |  |
| Produced Identification: Print, Type Acomassione Black of Notary Public State OF FLORIDA  |  |  |  |  |
| Type of Identification Produced: Comm# FF131843   |  |  |  |  |

| FORM 6   | FULL AND PUBLIC DISCL  | 0.00                  | 2015                               |  |  |
|--|--|-----------------------|------------------------------------|--|--|
| Please print or type your name, mailing address, agency name, and position below:  | OF FINANCIAL INTERE  | STS EJURZUMFE         | OR OFFICE USE ONLY:                |  |  |
| LAST NAME — FIRST NAME — MIDDLE MAN LAST NAME MA | ENAME: HLEEN D'DANIEL  |                       | <b>≟</b>                           |  |  |
| MAILING ADDRESS: 21140 SHELL RING  | ECIRCLE  |                       |                                    |  |  |
| BONITA SORING  | 18. PL 34/34-8782 LEG  |                       | (भग) है                            |  |  |
| LEE COUNTRY NAME OF AGENCY:  | PUBLIC SCHOOLS   |                       | 7.<br>7.                           |  |  |
| SCHOOL BOAR  NAME OF OFFICE OR POSITION HELD   | DOR SOUGHT:  |                       | 467 aa 7 AMS FC LLWW. ISNI 11 '44. |  |  |
| CHECK IF THIS IS A FILING BY A CAN   | 7  |                       | Ţ                                  |  |  |
| OREON IF THE TOTAL LETTE D. A. C.  |  |                       |                                    |  |  |
| culated by subtracting your report   | PART A - NET WORTH et worth as of December 31, 2015 or a more rted liabilities from your reported assets, so p  CLEMBER 31, 20 15 was \$ | please see the instru | uctions on page 3.]                |  |  |
| My net worth as of 15th  | 2001106K 01, 20 10 was \$_   | 1,5/7,7106            | ·                                  |  |  |
| 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 \$   |  |                       |                                    |  |  |
| ASSETS INDIVIDUALLY VALUED AT O<br>DESCRIPTION OF ASS  | VER \$1,000:<br>SET (specific description is required - see instructio   | nc n 41               | VALUE OF ASSET                     |  |  |
| WEUS FARED CHECKING  |  | 113 p1                | 6.735                              |  |  |
| TRUST A/C WELLS FA   | 4260   |                       | 872, 534                           |  |  |
|  | IRCLE, BOW ITA SPGS, FL  |                       | 275,000                            |  |  |
| 18A KINGKOLOHO K   | ICHMOND, VA  |                       | 75,000                             |  |  |
|  | PART C - LIABILITIES   |                       |                                    |  |  |
| LIABILITIES IN EXCESS OF \$1,000 (See NAME AND ADDRESS   |  |                       | AMOUNT OF LIABILITY                |  |  |
| NONE   |  |                       |                                    |  |  |
|  |  |                       |                                    |  |  |
|  |  |                       | 1                                  |  |  |
| JOINT AND SEVERAL LIABILITIES NOT NAME AND ADDRESS   |  |                       | AMOUNT OF LIABILITY                |  |  |
|  |  |                       |                                    |  |  |
|  |  |                       |                                    |  |  |
|  |  |                       |                                    |  |  |

|  |                                       | PART D -                         | INCOME  |  |  |
|--|---------------------------------------|----------------------------------|---|--|--|
| Identify each separate source a copy of your 2015 federal inconattaching your returns, as the la | ne tax return, including all W2       | s, schedules, ar                 | during the year, including specifically and attachments. Please redact any so Commission's website. | ଞ୍ <b>ନ୍ନ(ବ୍ୟୁଲିନ୍</b><br>ocial security o | निहर्क at lach a complete<br>r account numbers before      |
|  |                                       |                                  | s, schedules, and attachments.<br>need not complete the remainder of                                | Part D.]                                   |  |
| PRIMARY SOURCES OF INCO  | OME (See instructions on pa           | ige 5):                          |   |  |  |
| NAME OF SOURCE OF INC  | OME EXCEEDING \$1,000                 |                                  | ADDRESS OF SOURCE OF INCOM  | 1E   | AMOUNT   |
| LEE CONNTY SCA   | bor DUST                              |                                  |   |  | 39,276   |
| Wals PARGO 56  | CURITIES                              | TRUST                            | NCOME   |  | 20,035   |
| SECONDARY SOURCES OF I   | NCOME [Major customers, cli           | ients, etc., of bus              | sinesses owned by reporting person-   | -see instructio                            | ns on page 5):   |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJOR<br>OF BUSINESS          |                                  | ADDRESS<br>OF SOURCE  |  | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE                   |
| NA   | OI BOOMEDO                            | INCOME                           | OF COOKSE   |  | ACTIVITION COCKOL  |
| //   |                                       |                                  |   |  |  |
| F  | PART E – INTERESTS I                  | N SPECIFIEI                      | BUSINESSES [Instructions of   | n page 6]                                  |  |
|  | BUSINESS ENTITY                       | # 1                              | BUSINESS ENTITY #2  | BUSIN                                      | IESS ENTITY #3   |
| NAME OF<br>BUSINESS ENTITY   | NA                                    |                                  |   |  | I  |
| ADDRESS OF<br>BUSINESS ENTITY  | 1/                                    |                                  |   |  | = =====================================                    |
| PRINCIPAL BUSINESS   |                                       |                                  | · · · · · · · · · · · · · · · · · · ·   |  | Z  |
| POSITION HELD  | "/                                    |                                  |   | 1  | <u></u>  |
| I OWN MORE THAN A 5%   | 4                                     |                                  |   | <del> </del>                               | E E  |
| NATURE OF MY   | , , , , , , , , , , , , , , , , , , , |                                  |   | -  |  |
| OWNERSHIP INTEREST   |                                       |                                  |   |  | ee<br>c  |
| For office   | to may issed to sometate              | PART F - T                       |   | - 440 04 40                                | Ţ  |
| /  |                                       |                                  | s training pursuant to section PLETED THE REQUIRED  |  |  |
| <b>O</b> A   | ATH                                   | STATE COUNT                      | OF FLORIDA<br>Y OF  |  |  |
| I, the person whose name app   | ears at the                           | Sworn t                          | o (or affirmed) and subscribed befor  | e me this                                  | 7 <sup>+</sup> h day of                                    |
| beginning of this form, do dep   | ose on oath or affirmation            | $\overline{}$                    |   |  | Daniel Morgan  |
| and say that the information d   | isclosed on this form                 |                                  | 1 (2)   |  | <u> </u>   |
| and any attachments hereto is  | true, accurate,                       | (Signatu                         | ire of Notary Public-State of Flor ia   |  |  |
| and complete.  |                                       |                                  | // //   | N STATE                                    | CHERYL FUTCH  plary Public - State of Florida              |
|  |                                       | (Print                           | ype, or Stamp Commissioned N  |  | Commission Feb 22, 2018                                    |
| 770  | 2                                     | Persona                          | illy Known OR Pro   | duced thentific                            | Commission # FF 66052<br>all Phrough National Notary Assn. |
| SIGNATURE OF REPORTING   | OFFICIAL OR CANDIDATE                 | Type of                          | Identification Produced   |  |  |
| If a certified public accountants she must complete the follow                                   |                                       | 73, or attorney                  | in good standing with the Florida E   | Bar prepared                               | this form for you, he or                                   |
| I,   |                                       | , prepared ti<br>o the form. Upo | ne CE Form 6 in accordance with<br>on my reasonable knowledge and                                   | Art. II, Sec. 8<br>belief, the dis         | Florida Constitution, closure herein is true               |
| Signatu  | re                                    |                                  |   | Date                                       |  |
| •  |                                       | oes not reliev                   | ve the filer of the responsibili  |  | e form under oath.   |
|  |                                       |                                  | ON A SEPARATE SHEET, PL   |  |  |

CE FORM 6 - Effective January 1, 2016 PAGE 2



#### 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

| <u> </u>   |   |   |                                      |        |  |  |
|--|---|---|--------------------------------------|--------|--|--|
| Early Voting Schedule and Information Dates, Times and Locations |   |   |                                      |        |  |  |
|  |   |   |                                      |        |  |  |
|  | Saturday, August 20, 2016 THROU                                       | JGH :   | Saturday, August 27, 2016            |        |  |  |
|  | (Including Sunday, ,  | Augu.   | st 21, 2016)                         |        |  |  |
|  | 10:00 a.m. to   | 7:00  | ) p.m.                               |        |  |  |
|  | BONITA SPRINGS—ELECTIONS OFFICE                                       |   | LEE COUNTY ELECTIONS CENTER          |        |  |  |
| 1.   | 25987 S. TAMIAMI TRL., #105, BONITA SPRINGS                           | 6,  | 13180 S. CLEVELAND AVE., FORT MYERS  |        |  |  |
|  | CAPE CORAL—ELECTIONS OFFICE   |   | NORTH FORT MYERS RECREATION CENTER   |        |  |  |
| 2.   | 1039 SE 9TH AVE., CAPE CORAL  | 7.  | 2021 N. TAMIAMI TRL., N. FORT MYERS  |        |  |  |
|  | CAPE CORAL-LEE COUNTY LIBRARY   |   | NORTHWEST REGIONAL LIBRARY           |        |  |  |
| 3.   | 921 SW 39TH TER., CAPE CORAL  | 8.  | 519 CHIQUITA BLVD. N., CAPE CORAL    |        |  |  |
|  | EAST COUNTY REGIONAL LIBRARY  | FAST COUNTY REGIONAL LIBRARY SCHANDLER HALL COMMUNITY |                                      | $\neg$ |  |  |
| 4.   | 4. B81 GUNNERY RD., LEHIGH ACRES 9. 419 ROYAL PALM PARK RD., FORT MYE |   |                                      |        |  |  |
|  | ESTERO RECREATION CENTER  | 4.0   | VETERANS PARK RECREATION CENTER      |        |  |  |
| 5.   | 9200 CORKSCREW PALMS BLVD., ESTERO                                    | 10.   | 55 SOUTH HOMESTEAD RD., LEHIGH ACRES |        |  |  |

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

| DATE                     | TIME                     | EVENT  | LOCATION   | PURPOSE  |
|--------------------------|--------------------------|--|--|--|
| 08-17-16<br>Wednesday    | 9:00 AM                  | logic and accuracy testing   | Lee County Election Center<br>13180 S Cleveland Ave., Fort Myers                       | Test, by a random method of<br>selection, the voting machines to<br>be used in the election during<br>early voting and at the precincts<br>on Election Day.  |
| 08-17-16<br>Wednesday    | immediately<br>following | test vote-by-mail ballot<br>tabulators<br>initial canvass of the vote-by-<br>mail ballots received to date | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Test the vote-by-mail ballot<br>tabulating equipment to be used<br>in the election and initial canvass<br>of the vote-by-mail ballots<br>received to date.   |
| 08-25-16                 | Thursday at 9:00 AM      |  | Lee County Elections Office  |  |
| 08-29-16                 | Monday at 3:00 PM        | review of vote-by-mail ballots   | Constitutional Complex<br>2480 Thompson St., Fort Myers                                | Review of vote-by-mail ballots.  |
| 08-30-16<br>Election Day | 4:00 PM                  | review of vote-by-mail ballots  receive "unofficial" election night results                                | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Review of vote-by-mail ballots<br>and receive "unofficial" election<br>night results.  |
| 09-02-16<br>Friday       | 1:00 PM                  | canvass of provisional ballots   | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Canvass of provisional ballots, if<br>any. Official certification of the<br>election. Canvassing Board to<br>randomly select a race and<br>precinct(s) to be audited in the<br>post-election manual audit. |
| 09-07-16<br>Wednesday    | 9:00 AM                  | post-election manual audit   | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.  |

The public testing, canvassing and certification are open to the public. Florida Statute 101.5612



#### **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

|    | Early Voting Sche   | dule and Ir<br>s and Locati    |  |
|----|---|--------------------------------|--|
| Мо | nday, October 24, 2016 through Saturday, No<br>10:00 a.m                      | vember 5, 20<br>1. to 7:00 p.n | - · · · · · · · · · · · · · · · · · · ·                                |
|    | BONITA SPRINGS—ELECTIONS OFFICE<br>25987 S. TAMIAMI TRL. #105, BONITA SPRINGS | 6.                             | LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS        |
|    | CAPE CORAL—ELECTIONS OFFICE<br>1039 SE 9TH AVE., CAPE CORAL                   | 7.                             | NORTH FORT MYERS RECREATION CENTER 2021 N. TAMIAMI TRL., N. FORT MYERS |
|    | CAPE CORAL-LEE COUNTY LIBRARY<br>921 SW 39TH TER., CAPE CORAL                 | 8.                             | NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL           |
|    | EAST COUNTY REGIONAL LIBRARY<br>881 GUNNERY RD., LEHIGH ACRES                 | 9.                             | SCHANDLER HALL COMMUNITY PARK<br>419 ROYAL PALM PARK RD., FORT MYERS   |
|    | ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO                   | 10.                            | VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES   |

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the Canvassing Board Meetings and Logic and Accuracy Testing Schedule as follows:

| DATE                                | TIME                     | EVENT   | LOCATION   | PURPOSE   |  |
|-------------------------------------|--------------------------|---|--|---|--|
| 10-19-16<br>Wednesday               | 9:00 AM                  | togic and accuracy testing  | Lee County Election Center<br>13180 S Cleveland Ave., Fort Myers                       | Test, by a random method of selection,<br>the voting machines to be used in the<br>election during early voting and at the<br>precincts on Election Day.  |  |
| 10-19-16<br>Wednesday               | immediately<br>following | test vote-by-mail ballot tabulators   | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Test the vote-by-mail ballot tabulating equipment to be used in the election.   |  |
| 10-26-16<br>Wednesday               | 9:00 AM                  | initial canvass of the vote-by-mail ballots received to date                        | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Initial Canvass the vote-by-mail ballots received to date for the election  |  |
| 10-28-16                            | Friday at 9:00 AM        |   | Lee County Elections Office  |   |  |
| 11-03-16                            | Thursday at 9:00 AM      | review of vote-by-mall ballots  | ballots   Constitutional Complex   Review of vote-by-                                  | Review of vote-by-mail ballots.   |  |
| 11-07-16                            | Monday at 2:00 PM        |   | 2480 Thompson St., Fort Myers  |   |  |
| 11-08-16<br>Tuesday<br>Election Day | 4.00 PM                  | review of vote-by-mail ballots  receive "unofficial" election night results         | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Review of vote-by-mail ballots and receive "unofficial" election night results.   |  |
| 11-11-16<br>Friday                  | 3:00 PM                  | canvass of provisional ballots canvass of write-in votes                            | Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers       | Canvass of provisional ballots, if any.<br>Canvass of write-in votes.   |  |
| 11-18-16<br>Friday                  | 9:00 AM                  | canvass and count overseas<br>vote-by-mail ballots<br>certification of the election | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Canvass and count overseas vote-by-<br>mail ballots. Official certification of the<br>election. Canvassing Board to randomly<br>select a race and precinct(s) to be<br>audited in the post-election manual<br>audit |  |
| 11-21-16<br>Monday                  | 9 00 AM                  | post-election manual audit  | Lee County Elections Office<br>Constitutional Complex<br>2480 Thompson St., Fort Myers | Post-election manual audit. The results will be announced Immediately following the completion of the post-election manual audit.   |  |

The public testing, canvassing and certification are open to the public. Florida Statute 101:5612

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:

Print Name: CATHLEN MORGAN Date Signed: 6/6/16