CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Jeff Maas (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	Estero Fire Commi	ssion					
		(office)	(district #)				
(circuit #) Seat 3; I am a	qualified elector of Le	e	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's 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.							
X MTMan	(239) 949-0477	jeff.maas@comcas	t.net				
Signature of Candidate	Telephone Number	Email Add	dress				
20468 Ardore Lane Estero Address City	0	FL State	33928 ZIP Code				
Candidate's Florida Voter Registration Number (located on your voter information card):111655804							
* 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):							
STATE OF FLORIDA							
COUNTY OF LEE			,				
Sworn to (or affirmed) and subscribed before me this/5day of							
Personally Known: or	-	/dully to	race				
Produced Identification:		Gignature of Notary Public Print, Stamp Comanage MY COMMISSION	ediName of Votary Public				
Type of Identification Produced:		MY COMMISSION EXPIRES: Nover Bonded Thru Notary P	nber 27, 2017				

FORM 1	STATEMENT OF	2015	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDD Maas Jeffery The MAILING ADDRESS : 20468 Ardore Lane	LE NAME : odore	16JUNZOPM 3	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY: Estero NAME OF AGENCY:	ZIP: COUNTY: 33928 Lec	= ry.	
Estero Fire Rescue NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:		
Fire Commissioner - Seat 3	ines on this form. Attach additional sheets, if necessary.	[E07]	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	}f}coti	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one): DECEMBER 31, 2 MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COM for further details). CHECK THE OI	PORTABLE INTERESTS: ING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLA PARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON P NE YOU ARE USING (must check one):	WHETHER BASED ON A CALENDAR HE PRECEDING TAX YEAR ENDING THE CALENDAR YEAR: R VALUES, WHICH REQUIRES FEWER PERCENTAGE VALUES (see instructions	
☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR D DOLLAF	R VALUE THRESHOLDS	
PART A – PRIMARY SOURCES OF I (If you have nothing to re	NCOME [Major sources of income to the reporting person - See instruction port, write "none" or "n/a")	ctions]	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
EnviroStruct, LLC	26711 Dublin Woods Cr Bonita Springs FL 34135	Commercial Construction	
	OF MOONE		
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	OF INCOME and other sources of income to businesses owned by the reporting person opening person or "n/a")	on - See instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
None			
PART C REAL PROPERTY [Land, (If you have nothing to re	buildings owned by the reporting person - See instructions] port, write "none" or "n/a")	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
None		INSTRUCTIONS on who must file	
		this form and how to fill it out begin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Ste (If you have nothing to report, write "non	ocks, bonds, certificates e" or "n/a")	s of deposit, etc See ins	tructions) *16JUN20PM 3 26 SOE L	EE CO F				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Various Bank Accounts - Wells Fargo	Personally held							
401k account - Principal Financial	Personally Held							
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non								
NAME OF CREDITOR	ADDRESS OF CREDITOR							
Mortgage and LOC - Wells Fargo				<u>=</u>				
Auto Loan - Ally Financial	PO Box 380902 Bloomington, MN 55438			Z				
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") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY								
NAME OF BUSINESS ENTITY	BUSINES:	S ENTITY # 1	BUSINESS ENTITY # 2	n L				
				三				
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY				*				
POSITION HELD WITH ENTITY				I				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								
PART G — TRAINING								
For elected municipal officers required to complete an	nual ethics training pur	suant to section 112.3142	, F.S.					
☐ I CERTIFY THAT I	☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.							
IF ANY OF PARTS A THROUGH G ARI	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE]				
SIGNATURE OF FILE	R:	CPA or ATTO	ORNEY SIGNATURE ONLY	7				
Signature: Date Signed: 6/14/16		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.						
		CPA/Attorney Signature:						
		Date Signed:						
	FILING INSTR	UCTIONS:						

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:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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 page 3 of instructions.

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 must file at the same time they file

their qualifying papers.

Thereafter, file by July 1 following each calendar

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F)

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

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Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683). November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the 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

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General Election

SCHANDLER HALL COMMUNITY PARK **EAST COUNTY REGIONAL LIBRARY** S19 CHIQUITA BLVD. N., CAPE CORAL 921 SW 39TH TER, CAPE CORAL CAPE CORAL-LEE COUNTY LIBRARY **VARABIJ JANOIDBR TZBWHTRON** SOST N. TAMIAMI TRL., N. FORT MYERS 1039 SE 9TH AVE., CAPE CORAL NORTH FORT MYERS RECREATION CENTER CAPE CORAL—ELECTIONS OFFICE 25987 S. TAMIMAI TRL, #105, BONITA SPRINGS 13180 S. CLEVELAND AVE., FORT MYERS LEE COUNTY ELECTIONS CENTER BONITA SPRINGS—ELECTIONS OFFICE 10:00 a.m. to 7:00 p.m.

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

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

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881 CUNNERY RD., LEHIGH ACRES 419 ROYAL PALM PARK RD., FORT MYERS

Monday, October 24, 2016 through Saturday, November 5, 2016 (Excluding Sunday, October 30, 2016)

Dates, Times and Locations

Early Voting Schedule and Information

November 8, 2016

WWW.166.V01e (239) LEE-VOTE (533-8683)

Sharon L. Harrington, Supervisor of Elections

Canvassing Board Meetings and Logic and Accuracy Testing Schedule



Sharon L. Harrington, Supervisor of Elections Canvassing Board Meetings and Logic and Accuracy Testing Schedule

(239) LEE-VOTE (533-8683)

Primary Election

August 30, 2016

(projuding Sunday, August 21, 2016) Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016 Dates, Times and Locations

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