

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, EIKE MCDONALD
(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 UPPER CAPTIVA FIRE SEAT 5,
(office) (district #)

5; I am a qualified elector of LEE 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.

[Signature] (239) 472 1079 eikemcdonald@captivafire.com
Signature of Candidate Telephone Number Email Address

PO Box 185 CAPTIVA FL 33924-0185
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111711334

* 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 11th day of MAY, 2016.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: FL DL

[Signature]
Signature of Notary Public
Print, Type, or Stamp Complete Name of Notary Public



NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF131843
Expires 6/11/2018

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

McDONALD EDWARD L

MAILING ADDRESS :

PO Box 185

CITY: ZIP: COUNTY:

CAPTIVA 33924-0185 LEE

NAME OF AGENCY :

UPPER CAPTIVA FIRE & RESCUE SERVICE DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

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

17-06 '16 AM 08:30

16 JUN 2016 3 31 50E LEE CO FL

**** **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):

DECEMBER 31, 2015 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 (must check one):

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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CHARLES SCHWAB	211 MAIN ST SAN FRANCISCO CA	INVESTMENTS STOCK

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
SALTY APPROACH LLC	DUES	1429 COLONIAL BLVD ^{Suite 201} FORT MYERS FL 33907	AIRPORT

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

270 151, 161, 171 Swallow, Upper CAPTIVA FL	1/2 INTEREST
1 lot (36) Safety Harbor Club	" " " " "
2 lots (12 & 13) CAYO COSTA FL	1/3 interest

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.

Facsimiles will not be accepted.

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

To determine what category your position falls under, see page 3 of instructions.

Candidates file this form together with their qualifying papers.

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.

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.

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.

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

Candidates must file at the same time they file their qualifying papers.

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.)

WHEN TO FILE:

WHERE TO FILE:

WHAT TO FILE:

FILING INSTRUCTIONS:

CPA or ATTORNEY SIGNATURE ONLY

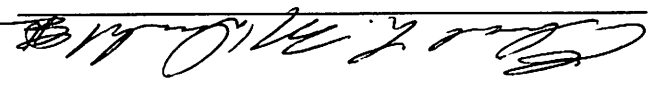
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

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: _____

SIGNATURE OF FILER:

Signature: 

Date Signed: 06.14.15

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

PART G - TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

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 CREDITOR	ADDRESS OF CREDITOR
First Mortgage Merrill Lynch	PO Box 5459, Mt Laurel, NJ 08054
Commerce Bank	386 Main St Woodbridge, VA 21685-0228

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCKS	Charles S Hamm - see above

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

16 JUN 2016 3 32 50 P M LEE CO FI