# THE INCOME TO SOFT Lee COLI

# 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, LARRY J. FIESEL—  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)						
(PLEASE PRINT NAME AS TOU WISH IT TO APPEAR			THE END OF QUALIFYING)			
am a candidate for the nonpartisan office of	RIVER RIDGE	RIVER RIDGE COO.				
5	-PE - 1 - 1 4 5	(office)	(district #)			
(circuit#) (group or seat#)	qualitied elector of	LEE	County, Florida;			
I am qualified under the Constitution and the elected; I have qualified for no other public concurrent with the office I seek; and I have Section 99.012, Florida Statutes; and I will state of Florida.	e Laws of Florida to ho c office in the state, the resigned from any offi support the Constitutio	old the office to which I on the term of which office fice from which I am requ in of the United States an	or any part thereof runs ired to resign pursuant to nd the Constitution of the			
X ———	(317)439.1817	jfies.	el Camail. com			
Signature of Candidate	Telephone Number	Emai	l Address			
21740 SOUTHERN HILLS TIR	*201 ESTERO	State	33 \ 28 \ \ 7 \ \ 023 \ ZIP Code			
Candidate's Florida Voter Registration Number (located on your voter information card):114433c8						
* Please print name phonetically on the line the with disabilities (see instructions on page 2 of the contractions on page 2 of the contractions o		be pronounced on the au	udio ballot for persons			
FIESEL AS	DIESEL					
STATE OF FLORIDA COUNTY OF	C					
Sworn to (or affirmed) and subscribed before me this day of						
Personally Known: or		MMMUSS	Tolle			
- · · · · · · · · · · · · · · · · · · ·		Signature of Notary Public				
Produced Identification:			NRISHAL MIRAE of Notary Public ARY PUBLIC			
Type of Identification Produced: <u>FLDL</u>		STAT	E OF FLORIDA			
			n# FF131843 res 6/11/2018			

FORM 1	STATEM	1ENT OF		2015		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
	DLE NAME:					
MAILING ADDRESS: 21740 SOUTH GON	HILLS OR UNIT 201					
ESTERO	33928-7023 LGET	,				
CITY: RIVER RINGE COM	ZIP: COUNTY: MUNITY DEVELOPMENT					
NAME OF AGENCY: Superviser 56	i					
NAME OF OFFICE OR POSITION H	ELD OR SOUGHT :					
You are not limited to the space on the CHECK ONLY IF TO CANDIDATE	lines on this form. Attach additional she					
**** 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 DECEMBER						
	PERCENTAGE) THRESHOLDS	_		JE THRESHOLDS		
	NCOME [Major sources of income to port, write "none" or "n/a")	the reporting person - See instr	uctions]			
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
LANGENDORF SUPPL	y 4453 CROSSRAA	4453 CROSSROADS INDUSTRIAL D		ock purchise of		
	BRIDGETON, MO	BRIDGETON, MO 63044		J. FIESEL LOMPAUY		
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			PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
JOCIAL SECURITY				****		
/						
PART C REAL PROPERTY II and	buildings owned by the reporting porce	on - See instructions!				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			and w	GINSTRUCTIONS for when here to file this form are and at the bottom of page 2.		
21760 SOUTHERN HILLS DR UNIT 201 ESTERO			INSTR	CUCTIONS on who must file		
				on page 3.		

Form 1 in accordance with Section 112.3145, Florida Statutes, and the	PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "none	ocks, bonds, certificates on "n/a")	of deposit, etc See ins	tructions]				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  ADDRESS OF CREDITOR  BUSINESS ENTITY # 1  BUSINESS ENTITY # 1  BUSINESS ENTITY # 1  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  1 OWN MORE THAN A 5% INTEREST IN THE BUSINESS  NATURE OF MY OWNERSHIP INTEREST  ADDRESS OF BUSINESS ENTITY  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.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE OF FILER:  Signature:  Date Signed:  Date Signed:  Date Signed:  Date Signed:	TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
NAME OF CREDITOR  NAME OF CREDITOR  ADDRESS OF CREDITOR  NAME OF CREDITOR  ADDRESS OF CREDITOR  NAME OF CREDITOR  ADDRESS OF CREDITOR  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  NAME OF BUSINESS ENTITY  PRINCIPAL BUSINESS ENTITY  POSITION HELD WITH ENTITY  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 annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE OF FILER:  SIGNATURE OF FILER:  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 floring statement:    CPA or ATTORNEY SIGNATURE ONLY	N/A							
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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 ADDRESS 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 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.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE SIGNATURE OF FILER: Signature:  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 from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance with Section 112.3145, Florida Statutes, and CE from 1 in accordance	NAME OF CREDITOR		ADDRES	S OF CREDITOR				
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Date Signed:			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					

# 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 year in which they hold their positions.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.



Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Sharon L. Harrington, Supervisor of Elections

epin aarmiyw (E838-EE2) 3TOV-331 (9ES)

Primary Election

Early Voting/Schedule and Information .: Dated ... Firms and Locations: August 30, 2016

(Including Sunday, August 21, 2016) Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016

10:00 a.m. to 7:00 p.m.

53 SOUTH HOMESTEAD RD, LEHIGH ACRES 9200 CORKSCREW PALMS BLVD., ESTERO VETERANS PARK RECREATION CENTER 419 BOYAL PALM PARK RD, FORT MYERS 831 GUNNERY RD, LEHIGH ACRES SCHANDLER HALL COMMUNITY PARK EAST COUNTY REGIONAL LIBRARY ST9 CHIQUITA BLVD. N., CAPI. CORAL 921 SW 39TH TER, CAPE CORAL NORTHWEST REGIONAL LIBRARY CAPE CORAL-LEE COUNTY LIBRARY 2021 N. TAMIAMI TRL. N. FORT MYERS 1039 SE 91H AVE., CAPE CORAL NORTH FORT MYERS RECREATION CENTER CAPE CORAL-ELECTIONS OFFICE 13180 S CLEVELAND AVE, FORT MYERS 25011992 ATINOB , 2014 , 1911 IMAIMAT & 18625

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post-election manual audit

480 Thompson St., Fort Myers

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ee County [lections Office

Candidate Signature:

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Canvassing Board Meetings and Logic and Accuracy Testing Schedule

(239) LEE-VOTE (533-8683) Sharon L. Harrington, Supervisor of Elections

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1039 SE 91H AVE, CAPE CORAL

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BONITA SPRINGS - ELECTIONS OFFICE

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10:00 a.m. to 7:00 p.m.

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

Early Voting Schedule and Locations,
Dates, Times and Locations,

November 8, 2016

General Election

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EFECTIONS I LEE COUNTY

Print Name: LARRY J. FIESEL

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INVESTIGATION

 $\sim$  Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683). Movember 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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VETERANS PARK RECREATION CENTER

119 ROYAL PALM PARK RD , FORT MYERS

SCHANDLER HALL COMMUNITY PARK

519 CHIQUITA BLVD, N., CAPE CORAL

NORTHWEST REGIONAL LIBRARY

2021 N. TAMINAIN TRE, N. FORT MYERS

NORTH FORT MYERS RECREATION CENTER

13180 S. CLEVELAND AVE, FORT MYERS

LEE COUNTY ELECTIONS CENTER