

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

23-06 '16 AM 08:53

OFFICE USE ONLY

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, RONALD P. FLEMING  
(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 FT. MYERS BEACH FIRE CONTROL DISTRICT,  
Commissioner (office) (district #)  
2; 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.

X [Signature] 937 344 2707 FLEMING@AOL.COM  
Signature of Candidate Telephone Number Email Address

250 Delmar Ave FT. MYERS BEACH FL 33931  
Address City State ZIP Code  
F.M.B.F.C.D. SEAT # 3

Candidate's Florida Voter Registration Number (located on your voter information card): BIRTH DATE 22353  
CARD NOT WITH ME - 122425541

\* 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):  
\_\_\_\_\_

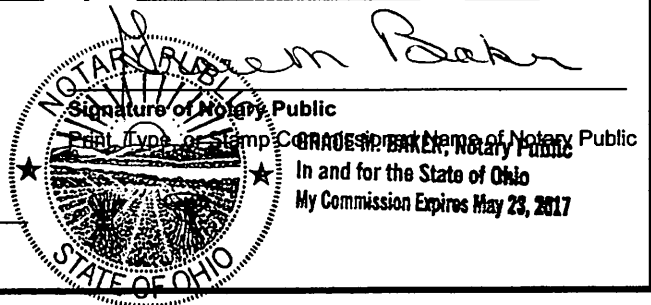
STATE OF ~~FLORIDA~~ OHIO  
COUNTY OF MONTGOMERY

Sworn to (or affirmed) and subscribed before me this 21 day of JUNE, 2016.  
Ronald P. FLEMING

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: FLORIDA D.L.



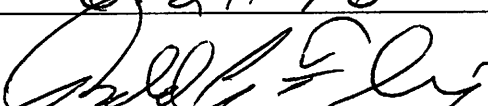


# LEE COUNTY ELECTIONS

## CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL

 REVISED

Candidate Name	RONALD P. FLEMING		
Residence Address	250 Delmar Ave		
City and Zip Code	FT. MYERS BEACH FL 33931		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.		<input type="checkbox"/> Check if different from residence.
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	9373442707		SAME
Campaign Email Address	Flemingrow@aol.com		
Campaign Website	None		
Office Sought	SEAT 2 FT. MYERS BEACH FIRE CONTROL		
Area, District, Group or Seat #	2 DISTRICT		
<p>→ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>→ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
→ Political Party for Office Sought	NON PARTISAN		
Date of Birth or Voter Registration ID #	2.23.52		
Date	6.21.16		
Candidate Signature			

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website [www.lee.vote](http://www.lee.vote) or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY


23-06 '16 AM08:52

I, RONALD PAUL FLEMING,

candidate for the office of COMMISSIONER FT. MYERS;

BEACH FIRE CONTROL DISTRICT  
have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes. SEAT # 2

X   
Signature of Candidate

6.21.16  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

23-06 '16 AM08:52

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:    Treasurer/Deputy    Depository    Office    Party

**2. Name of Candidate** (in this order: First, Middle, Last)

*RONALD A FLEMING*

**3. Address** (include post office box or street, city, state, zip code)

*250 DELMAR AVE  
FT. MYERS BEACH FL  
33931*

**4. Telephone**

*(937) 344 2707*

**5. E-mail address**

*FlemingRon@aol.com*

**6. Office sought** (include district, circuit, group number)

*COMMISSIONER FT. MYERS BEACH  
SEAT # 2 6-1A DISTRICT*

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In    No Party Affiliation    \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**

Campaign Treasurer    Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

*SELF*

**11. Mailing Address**

*// "*

**12. Telephone**

*( )*

**13. City**

*//*

**14. County**

*//*

**15. State**

**16. Zip Code**

**17. E-mail address**

*SAME*

**18. I have designated the following bank as my**

Primary Depository    Secondary Depository

**19. Name of Bank**

*WELLS FARGO*

**20. Address**

*2815 ESTERO BLVD*

**21. City**

*FT. MYERS BEACH*

**22. County**

*LEE*

**23. State**

*FL*

**24. Zip Code**

*33931*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

*6-21-16*

**26. Signature of Candidate**

*[Signature]*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, *Ronald Fleming*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:    Campaign Treasurer    Deputy Treasurer.

*6-21-16*  
Date

*[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**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 :

*Fleming Ronald PAUL*

MAILING ADDRESS :

*250 Delmar Ave*

*Ft Myers Beach FL*

CITY : ZIP : COUNTY :

*Ft. Myers Beach 33931 Lee*

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

*Seat 2 Ft. Myers Beach Fire Courtroom*

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

23-06 '16 AM08:52

**\*\*\*\* 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
<i>Pension - Ohio Police &amp; Fire Pension Fund</i>	<i>149 E Town St Columbus, OH 43215</i>	
<i>Pension Fund</i>		

**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
<i>N/A</i>			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

<i>N/A</i>	<i>Mortgage on house</i>

**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.

*Seat 2 F.M.B.F.C.D.*

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<del>707A</del> MEABILL LUNCH FUND	X

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
DAYTON FARM CREDIT UNION	300 N. PATTERSON BLVD DAYTON OH 45402

**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 BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	ADDRESS OF BUSINESS ENTITY	N/A
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**

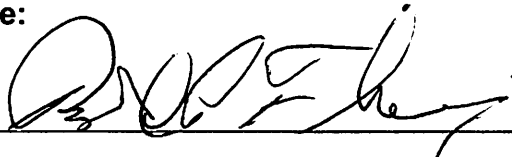
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:



Date Signed:

6.26.16

**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: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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

F.M.B.F.C.D. SEAT # 3