16JUNC4HMUB44 SUE Lee COF1

CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

_	OATH OF CANE (Section 99.021, Florida		
I, Corey Schneider (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR	R ON THE BALLOT * - NA	ME MAY NOT BE CHANGED	AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office of			, , ,
(circuit #) (group or seat #)	qualified elector of		(district #) 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.	c office in the state resigned from any	, the term of which o office from which I am	office or any part thereof runs
X Signature of Candidate	(259) 822-30 Telephone Number	39 schned	Jeman 4270gmail.
2559 Barcalona Ave Fort Address City	viyes	F L State	33905°
Candidate's Florida Voter Registration Numb	er (located on your vo	ter information card): <u>I</u>	22791500
* Please print name phonetically on the line b with disabilities (see instructions on page 2 of	pelow as you wish it f this form):	to be pronounced on t	he audio ballot for persons
K OR EE	- SH	NID	ER
STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before	ore me this	day of	E, ,,20 16.
Personally Known: or		Signature of Notary	Applic Subject
Produced Identification: Type of Identification Produced:	CY KARUN	Print Tyne or Stamo C	ECMINISSISSIONED Name of Notary Public BICHAEL A SCOTT MALASSION # FF 989123 PIRES: June 10, 2020 IN Notary Public Underwiffers



CANDIDATE CAMPAIGN FILE COVER SHEET

	REVISED
Richard Coney	Schneider
,	
	1
Check if same as above.	Check if different from residence.
	ip.
⊠ Daytime (list below)	Alternate (list below)
239 -822 - 3039	OR
schneideman 4270	OR Alternate (list below)
) ee (a)
Fort Myes Thomas Fr	re Commissioner Seat #3
, ,	
on-partisan offices. A candidate for a ounty Commission may file partisan or	Community Development, Fire, Health ny of these offices, must indicate "non- "No Party Affiliation" (NPA) and shall
11 8 1 00	illation
4/27/1986	
6/23/16	
dellast.	
	Daytime (list below) 239-822-3039 Schneideman 1276 Fot Miles Thores For an and Special District Offices such as on-partisan offices. A candidate for an anty Affiliation" on the line below. No Paty Affiliation Affiliation of the line below.

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and http://www.lee

FORM 1	STATEN	MENT OF	<u> </u>		
Please print or type your name, mailing address, agency name, and position belo	w: FINANCIAL	INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME MIL Schneide Richan MAILING ADDRESS: 2558 Baccelong	DDLE NAME: L Corry Are				
CITY: Lot Myez NAME OF AGENCY:	zip: county: 33905	ムモモ		`TELL 20 4-20	
NAME OF OFFICE OR POSITION FOR Myes Shares For You are not limited to the space on the CHECK ONLY IF CANDIDATION OF THE CHECK ONLY IN	a lines on this form. Attach additional she	· · · · · · · · · · · · · · · · · · ·		TOUR PROPERTY SIE LES C	
THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. FEITHER (must check one): DECEMBER 31, MANNER OF CALCULATING REFLECTS HAVE THE OPTION OF UT CALCULATIONS, OR USING COMFORT further details). CHECK THE COMPARATIVE	EPORTABLE INTERESTS: SING REPORTING THRESHOLDS MPARATIVE THRESHOLDS, WHICH NE YOU ARE USING (must check (PERCENTAGE) THRESHOLDS	THE PRECEDING TAX YEAR THIS STATEMENT IS FOR FY TAX YEAR IF OTHER THAT ARE ABSOLUTE DOLI ARE USUALLY BASED OF ONE): OR DOLL	IR, WHET THE PRE IAN THE (LAR VALU PERCEI	HER BASED ON A CALENDAR ECEDING TAX YEAR ENDING	
PART A PRIMARY SOURCES OF (If you have nothing to re NAME OF SOURCE OF INCOME		the reporting person - See ins URCE'S DRESS	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
Fitness Togetha	7935 Airport Aul	m Rd lights FL 34109		E Proped Training	
PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to a NAME OF BUSINESS ENTITY	OF INCOME and other sources of income to busines eport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	sses owned by the reporting pe ADDRESS OF SOURCE	erson - See	instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
	buildings owned by the reporting perso port, write "none" or "n/a")	n - See instructions]	and w locate INSTR this fo	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2. UCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (S	Stanka handa antifica	stan of deposit ato. See in	obviotion of	
(If you have nothing to report, write "no		ites of deposit, etc See in	structionsj	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES	
None				-
DADT 5 AMARILITIES (MAX. ALIA O A				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nothing to report, write")				
NAME OF CREDITOR	1	ADDRES	SS OF CREDITOR	
Sheffield Financial.	Po Box	580229 Ch	nulate NC 2825	 8
Sunconst Schools	DO BOX	11904 Tampo	0 221 1	
PART F — INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positi	V	<u> </u>	
(If you have nothing to report, write "non	e" or "n/a")	ESS ENTITY # 1	BUSINESS ENTITY #	2
NAME OF BUSINESS ENTITY	Ketrus Ti	so-th-		
ADDRESS OF BUSINESS ENTITY	7935 Aven	t-Pulmed		
PRINCIPAL BUSINESS ACTIVITY	Personal T	MAINT		ā
POSITION HELD WITH ENTITY	Vius Pre	sident		
I OWN MORE THAN A 5% INTEREST IN THE BUSINES	s 30%			A G
NATURE OF MY OWNERSHIP INTEREST	Patru			Ę
PART G — TRAINING				Carlant Tark
For elected municipal officers required to complete a				i ll
I CERTIFY THAT	I HAVE COMP	LETED THE REQ	UIRED TRAINING.	#
IF ANY OF PARTS A THROUGH G AF	E CONTINUED C	N A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE OF FIL	ER:	CPA or ATT	ORNEY SIGNATURE ON	<u>ILY</u>
Signature:			ountant licensed under Chapter 473, on the Florida Bar prepared this form for	
	1	she must complete the		you, ne or
		I,	with Section 112.3145, Florida Statut	ed the CE
and The		instructions to the form	. Upon my reasonable knowledge and	
Date Signed:		disclosure herein is true	e and correct.	
1/22/11		CPA/Attorney Signature	e:	
<u>6/25/16</u>		Date Signed:		
•	FILING INST			
WHAT TO FILE:	HERE TO FILE:		WHEN 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.

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.

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.

STATEMENT OF **CANDIDATE**

OFFICE USE ONLY

(Section 106.023, F.S.)

(Please print or type)

1, Richard Coren Schneider

candidate for the office of Hyrs Shores Commissione #3

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

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).



Candidate and Committee Campaign Financial Reporting System Affidavit

The Lee County Supervisor of Elections provides its own Campaign Financial Reporting System for the filing of campaign finance reports required in accordance with Sections 106.07(5), 106.0703(4), 106.071(1), FS 106.29(2) Florida Statutes. The Campaign Financial System (CFR System) facilitates the electronic filing of required campaign finance reports in lieu of filing original and signed campaign finance reports by hand delivery or standard mail.

(II	Please indicate your position: f you hold more than one position, mark appropriate b	poxes.)
1. Candidate for Public Office (if candidate is also treasurer or a deputy treasurer, mark appropriate box for #5 or #6)	2. Chairman—Executive Political Party 3. Chairman—PC-Political Committee 4. Principal Officer—ECO-Electioneering Organization (If also serving as treasurer or a deputy treasurer, mark appropriate box for #5 or #6)	5. Campaign Treasurer 6. Deputy Campaign Treasurer
7. Individual or person filing an	Independent Expenditure or Electioneering Communication	
State of Florida County of Lee		
In using the Campaign Financial Re	eporting System provided by the Lee County Supervisor of	Elections, my signature on this affiday

In using the Campaign Financial Reporting System provided by the Lee County Supervisor of Elections, my signature on this affidavit serves as certification of any campaign treasurer's report filed by me or on my behalf as a candidate for public office; as a campaign treasurer or deputy campaign treasurer; as a chairman for an executive political party committee or political committee, as a principal officer of an electioneering communication organization; as an individual or person filing an independent expenditure report; or as an individual or person filing an electioneering communication report.

I certify that I will examine each report for correctness and further certify to the accuracy and veracity of each report filed after such examination.

XIII Can Stad	Lichard Grey Schneide	6/23/16
Signature	Print Name	Date



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

	Early Voting Schedo Dates, Times	and Lo	ecations	. į
	Saturday, August 20, 2016 THRO	DUGH	Saturday, August 27, 2016	
	(Including Sunday	Augu	st 21, 2016)	
L	10:00 a.m. 1			- 1
ì.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMIAMI TRL, #105, BONITA SPRINGS	6.	LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS	\dashv
2.	CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	7.	NORTH FORT MYERS RECREATION CENTER 2021 N. TAMIAMI TRL., N. FORT MYERS	\neg
d	CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	В.	NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL	_
ä.	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9,	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS	\exists
5.	ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	10.	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES	\exists

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

DATE	TIME	EVENT	LOCAHON	PURPOSE	
08-17-16 Wednesday	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method o selection, the voting machines to be used in the election during early voting and at the precinct on Election Day.	
08-17-16 Wednesday	immediately following	test vote-by-mail ballot tabulators initial canvass of the vote-by- mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballo tabulating equipment to be used in the election and initial canvass of the vote-by-mail ballots received to date.	
08-25-16	Thursday at 9:00 AM		Lee County Elections Office		
08-29-16			Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots.	
08-30-16 Election Day	4:00 PM	review of vote-by-mail ballots receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results.	
09-02-16 Friday	1:00 PM	canvass of provisional ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any Official certification of the election Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit.	
09-07-16 Wednesday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers are open to the public. Florida Statute 101.	Post-election manual audit. The results will be announced immediately following the completion of the post-election manual audit.	

ELECTIONS

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

		s and Locati	ons
Moi	nday, October 24, 2016 through Saturday, No 10:00 a.m	vember 5, 20 1. to 7:00 p.r	
1.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMIAMI TRL., #105, BONITA SPRINGS	6.	LEE COUNTY ELECTIONS CENTER 13180 S. CLEVELAND AVE., FORT MYERS
2.	CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	7.	NORTH FORT MYERS RECREATION CENTER 2021 N. TAMIAMI TRL., N. FORT MYERS
	CAPE CORAL-LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	· 3.	NORTHWEST REGIONAL LIBRARY 519 CHIQUITA BLVD. N., CAPE CORAL
	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	9.	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5.	ESTERO RECREATION CENTER 9200 CORKSCREW PALMS BLVD., ESTERO	£0,**	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD 15HIGH ACRES

I, Sharon L. Harrington, Supervisor of Elections for Lee County, Florida do hereby give official notice of the

DATE	TIME	EVENT	TOCAHON	PURPOSE
10-19-16 Wednesday	9:00 ANI	logic and accuracy testing	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection the voting machines to be used in the election during early voting and at the precincts on Election Day.
10-19-16 Wednesday	immediately following	test vote-by-mail ballot tabulators	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulatin equipment to be used in the election.
10-26-16 Wednesday	9:00 AM	initial canvass of the vote-by-mail ballots received to date	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Initial Canvass the vote-by-mail ballot 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-mail ballots	Constitutional Complex	Review of vote-by-mail ballots.
11 07-16	Monday at 2:00 PM	<u> </u>	2480 Thompson St., Fort Myers	
11-08-16 Tuesday Election Day	4:00 PM	review of vote-by-mail ballots receive "unofficial" election night results	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots an receive "unofficial" election night results.
11-11-16 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 Canvass of write-in votes.
11-18-16 Friday	9.00 AM	canvass and count overseas vote-by-mail ballots certification of the election	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass and count overseas vote-by mail bailots. Official certification of the election. Canvassing Board to random! select a race and precinct(s) to be audited in the post-election manual audit.
11-21-16 Monday	9:00 AM	post-election manual audit	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The result will be announced immediatel 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: Richard Cong Schneider

Date Signed: 4 23 6

*16JUN24HNUB44SUE Lee Col-1

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

13. City 14. County 15. State 16. Zip Code 17. E-mail address Shruderman427 Damail Con 18. I have designated the following bank as my 19. Name of Bank Success Schools (Lit Union) 20. Address Success Success Schools (Lit Union) 21. City 22. County 23. State 24. Zip Code 33680 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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Pubmed (Dray Schneider), do hereby accept the appointment (Rease Print or Type Name)	officer before opening the ca	ampaign account.				OFFICE USE ONLY	
2. Name of Candidate (in this order: First, Middle, Last) Light Cory Schrader 4. Telephone 5. E-mail address 6. Office sought (include district, circuit, group number) 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 candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address 12. Telephone 12. Telephone 13. Address 14. Telephone 15. State 16. Zip Code 17. E-mail address 18. I have designated the following person to act as my Campaign Treasurer 19. Name of Bank 19. Name of Bank 20. Address 20. Address 21. Oby 22. County 23. State 24. Zip Code 23. State 24. Zip Code 25. Signature of Campaign Treasurer recompanded the following bank as my Campaign Treasurer 25. Date 26. Signature of Campaign Treasurer recompanded the following bank as my Campaign Treasurer 26. Signature of Campaign Treasurer recompanded to the appropriate block) 10. Parkers 11. Mailing Address 12. Telephone 12. Telephone 13. Address 14. Telephone 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository 29. Name of Bank 20. Address 20. Address 20. Address 21. Order 21. City 22. State 23. State 24. Zip Code 25. Signature of Campaign Treasurer person to campaign Treasurer 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 28. Signature of Candidate 29. Deputy Treasurer 20. Othersby accept the appointment 29. Deputy Trea	1. CHECK APPROPRIATE BOX(ES):						
4. Telephone 4. Telephone 5. E-mail address 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-in candidate. My intent is to run as a Write-in candidate. 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 11. Mailing Address 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address 12. Telephone 12. Should many Primary Depository 19. Name of Bank 19. Name of Bank 19. Name of Bank 19. Deputy Treasurer 20. Address 20. Address 20. Address 20. Address 20. Address 20. December 1904 21. City 22. County 23. State 24. Zip Code 33.658 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 26. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Publical (Decy Schneuber (Rease Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Deputy Treasurer.	Initial Filing of Form	Re-filing to Change:	Treas	urer/Deputy	Depository	☐ Office ☐ Party	
4. Telephone 4. Telephone 5. E-mail address 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-in candidate. My intent is to run as a Write-in candidate. Party candidate. 9. I have appointed the following person to act as my 10. Name of Teasurer Deputy Treasurer 11. Mailing Address 12. Telephone 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address 12. Telephone 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my 19. Name of Bank 19. Name of Bank 19. Name of Bank 19. O Box 1904 21. City 22. County 23. State 24. Zip Code 33.658 UNDER PENALTIES OF PERJURY, 1 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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Publicable 10. Campaign Treasurer 10. Name of Bank 10. Zignal Campaign Treasurer 10. Deputy Treasurer.	2. Name of Candidate (in this	order: First, Middle, L	ast)	3. Address (inclu	de post office box	or street, city, state, zip	
4. Telephone (236) 1821-3039 6. Office sought (include district, circuit, group number) 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: A Mur Shires Fine Commission ## 20 My intent is to run as a Write-in candidate. A Mur Shires Fine Commission ## 3 My intent is to run as a Write-in candidate. A My intent is to run as a Write-in candidate.	Richard Corey	Schnede		code)		•	
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: A Way Shares Fine Commission ## 3 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 candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Feasurer or Deputy Treasurer 11. Mailing Address 12. Telephone (259) 821-3019 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 20. Address 20. Address 21. City 22. County 23. State 24. Zip Code 14. Zip Code 25. Date 26. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 18. Party candidate 28. Signature of Candidate 29. Address 29. Address 20. Address 20. Address 21. City 22. County 23. State 24. Zip Code 25. Date 26. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 18. Party Candidate 29. Address 20. Address 20. Address 21. City 22. County 23. State 24. Zip Code 25. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 28. Signature of Candidate 29. Campaign Treasurer 29. Deputy Treasure	4. Telephone 5	F-mail address		Ch 100	~ 61. 3391	17 VE	
6. Office sought (include district, circuit, group number) A Mun Shores Fire Commission ## 3 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 candidate. My intent is to run as a Write-In candidate. My intent is to run as a Write-In candidate. My intent is to run as a Write-In candidate. My intent is to run as a Write-In candidate. Party candidate. Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Teasurer or Deputy Treasurer 11. Mailing Address 25.58 Borculen Are 12. Telephone (23) 822-3034 13. City 14. County 15. State 16. Zip Code 33895 Annuel Mary Depository Secondary Depository 19. Name of Bank 20. Address P.O Box 1904 21. City 23. State 24. Zip Code 33.696 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. 26. Signature of Candidate (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer Deputy Treasurer Deputy Treasurer Deputy Treasurer Deputy Treasurer Deputy Treasurer Deputy Treasurer	(239) 421.3039 50	hneide man 427	@ gmyl	At wat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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. P				i i		partisan office, check if	
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 Eceasurer or Deputy Treasurer Deputy Treasurer 11. Mailing Address 12. Telephone 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 20. Address 20. Address 21. City 22. County 23. State 24. Zip Code 23. City 22. County 23. State 24. Zip Code 24. Zip Code 33.646 25. Date 26. Signature of Candidate 26. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 28. Campaign Treasurer Deputy Treasurer	A Myon Shares Fin	e Commission	#3			ın as a Write-In candidate.	
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 Eceasurer or Deputy Treasurer Deputy Treasurer 11. Mailing Address 12. Telephone 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 20. Address 20. Address 21. City 22. County 23. State 24. Zip Code 23. City 22. County 23. State 24. Zip Code 24. Zip Code 33.646 25. Date 26. Signature of Candidate 26. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 28. Campaign Treasurer Deputy Treasurer	8. If a candidate for a partisa	<u>n</u> office, check block	and fill in n	ame of party as	applicable: My	/ intent is to run as a	
10. Name of Treasurer or Deputy Treasurer Library Coard Schreder 12. Telephone							
11. Mailing Address 2558 Borculem Ave 12. Telephone (Z\$9) 922-3039 13. City 14. County 15. State 16. Zip Code 17. E-mail address shauleman427 Sqmail.com 18. I have designated the following bank as my Primary Depository 19. Name of Bank Succost Schools (with Union) 20. Address Succost Schools (with Union) 21. City 22. County 23. State 24. Zip Code 33680 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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) (Rease Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Deputy Treasurer.	9. I have appointed the follow	ving person to act as	my 🔀	Campaign Trea	surer De	eputy Treasurer	
11. Mailing Address 2558 Borcelon Are 12. Telephone (239) 822-3039 13. City 14. County 15. State 16. Zip Code 17. E-mail address Schools (Schools Schools) 18. I have designated the following bank as my 19. Name of Bank Succost Schools (Schools) 20. Address P.O Box 1904 21. City 22. County 23. State 24. Zip Code 33680 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 26. Signature of Candidate X Campaign Treasurer (Rease Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X Campaign Treasurer.	7) \ \ \ \		•				
13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my 19. Name of Bank Suncoast Schools (whit Union 20. Address P.O. Box 1904 21. City 22. County 23. State 24. Zip Code 33680 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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Publical (Dean Schnools) (Rease Print or Type Name) designated above as: 26. Campaign Treasurer Deputy Treasurer. Deputy Treasurer.	11. Mailing Address				12. T	elephone	
13. City 14. County 15. State 33905 17. E-mail address 20. Address 20. Address 20. Address 21. City 22. County 23. State 24. Zip Code 33680 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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 18. I have designated the following bank as my 20. Address 20. Address 22. County 23. State 24. Zip Code 33680 25. Date 26. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 28. Campaign Treasurer 29. Deputy Treasurer. 20. Address 20. Address 24. Zip Code 33680 25. Date 26. Signature of Candidate 27. Campaign Treasurer 28. Signature of Candidate 29. Deputy Treasurer. 20. Deputy Treasurer. 20. Deputy Treasurer.	2558 Borcelona	Are				•	
18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank Success Schools (with Union P.O. Box 1904) 21. City 22. County 23. State 24. Zip Code 33680 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 26. Signature of Candidate X Signature Of C	13. City	14. County	15. State	16. Zip Code	17. E-mail addre	ess	
18. I have designated the following bank as my	GA Myers	LEE	4	33905	schnederm	nn427@amail.com	
Suncoast Schools (actit Union P.O Box 1904) 21. City 22. County 23. State 33.680 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 26. Signature of Candidate X 26. Signature of Candidate X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Public One Schools (Rease Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. (A 2 3 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	18. I have designated the following	owing bank as my	Ŭ F	Primary Deposito			
21. City 22. County 23. State 24. Zip Code 33680 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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Property Schools (Rease Print or Type Name) designated above as: 28. Signature of Candidate 29. Compaign Treasurer 29. Deputy Treasurer 20. Deputy Treasurer 20. Deputy Treasurer 21. Zip Code 33680 24. Zip Code 33680 24. Zip Code 33680 24. Zip Code 33680 25. Date 26. Signature of Candidate 27. do hereby accept the appointment (Rease Print or Type Name)	19. Name of Bank	\ \ . \	1 _				
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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Property Company (Rease Print or Type Name) designated above as: 28. Campaign Treasurer Deputy Treasurer. 29. Deputy Treasurer. 20. Deputy Treasurer. 20. Deputy Treasurer.		adit Union	6.	0 Box	11904		
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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Property Schools (Rease Print or Type Name) 28. designated above as: 29. Campaign Treasurer Deputy Treasurer.	21. City	22. County		23. State		24. Zip Code	
25. Date 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. Prince (Rease Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Campaign Treasurer Deputy Treasurer.	Jampa	Hilkbon	roup	FL		33680	
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I. Proposition (Rease Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.						CAMPAIGN TREASURER AND RUE.	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, Proposition School (Deep School (Dee	25. Date ,		26.	Signature of Can	didate /		
Rease Print or Type Name Deputy Treasurer Dep							
Rease Print or Type Name Deputy Treasurer Dep	27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
(Rease Print or Type Name) designated above as: \[\begin{array}{ c c c c c c c c c c c c c c c c c c c	· O \ · Com Charles						
designated above as: Campaign Treasurer Deputy Treasurer. X X X	, do noteby accept the appointment						
	Date			ature of Campaig	n Treasurer or De	eputy Treasurer	