


REVISED

**LEE COUNTY
SUPERVISOR OF ELECTIONS
CANDIDATE CAMPAIGN FILE COVER SHEET**

☐ ORIGINAL☒ REVISED

(PLEASE CHECK ONE)

Candidate Name	Cecil L. Pendergrass		
Residence Address	Withheld LEO		
City and Zip Code			
Mailing Address (if different)	<input type="checkbox"/> Check if same as above. P.O. Box 1983 Fort Myers, FL 33902		
Telephone Number(s) (Daytime)	(239) 994-7922	OR	
Email Address	Cecil@VotePendergrass.com		
Office Sought	Lee County Commission		
Area, District, Group Or Seat Number	District 2		
Political Party (if applicable for office sought)	Republican		
Date Of Birth Or Voter ID #	March 26, 1963		
Date	June 29, 2010		
Candidate Signature	X 		

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

*10JUN30PM1235 SDE Lee Co FL

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Cecil L. Pendergrass,
candidate for the office of Lee County Commissioner District 2;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X


Signature of Candidate

February 9, 2010

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).

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)	OFFICE USE ONLY					
1. CHECK APPROPRIATE BOX: <input checked="" type="checkbox"/> Original Appointment Change in: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 50%;"> 2. Name of Candidate (in this order: First, Middle, Last) Cecil L. Pendergrass </td> <td rowspan="2" style="width: 50%;"> 3. Address (include post office box or street, city, state, zip code) Address Withheld LEO </td> </tr> <tr> <td style="width: 25%;"> 4. Telephone (optional) (239) 994-7922 </td> <td style="width: 25%;"> 5. E-mail address (optional) </td> </tr> </table>		2. Name of Candidate (in this order: First, Middle, Last) Cecil L. Pendergrass		3. Address (include post office box or street, city, state, zip code) Address Withheld LEO	4. Telephone (optional) (239) 994-7922	5. E-mail address (optional)
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8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input checked="" type="checkbox"/> <u>Republican</u> Party candidate.						
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer						
10. Name of Treasurer or Deputy Treasurer Jodi Pendergrass						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> 11. Mailing Address (If post office box or drawer, also include street address) 6142 Whiskey Creek Drive #601 </td> <td style="width: 30%;"> 12. Telephone (239) 994-7733 </td> </tr> </table>		11. Mailing Address (If post office box or drawer, also include street address) 6142 Whiskey Creek Drive #601	12. Telephone (239) 994-7733			
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18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 19. Name of Bank Edison National Bank </td> <td style="width: 50%;"> 20. Street Address 2105 First Street </td> </tr> </table>		19. Name of Bank Edison National Bank	20. Street Address 2105 First Street			
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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.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 25. Date February 9, 2010 </td> <td style="width: 50%;"> 26. Signature of Candidate X </td> </tr> </table>		25. Date February 9, 2010	26. Signature of Candidate X			
25. Date February 9, 2010	26. Signature of Candidate X					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, <u>Jodi Pendergrass</u> , do hereby accept the appointment (Please Print or Type Name) designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer. <u>February 9, 2010</u> X Date Signature of Campaign Treasurer or Deputy Treasurer						

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

SCANNED

I, Cecil L. Pendergrass
 First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Cecil L. Pendergrass
 (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 office of County Commissioner, 2,
 (office) (district) (circuit)
Lee County, Florida; I am qualified
 (group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Republican Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X Cecil L. Pendergrass (239) 994-7922 cecil@votependergrass.com
 Signature of Candidate Telephone Number Email Address

P.O. Box 1983 Fort Myers FL 33902
 Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 10th day of June, 2010.

Personally Known: ☒ or

Produced Identification: _____

Type of Identification Produced: _____

Bernice Ramos Feliciano
 Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Bernice Ramos Feliciano
 Commission # DD589927
 Expires October 19, 2010

Bonded Troy Pain - Insurance, Inc. 800-385-7010

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

FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

Pendergrass Cecil L.

MAILING ADDRESS:

P.O. Box 1983

CITY : ZIP : COUNTY :

Fort Myers 33913 Lee

NAME OF AGENCY :

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN10PM1109 SDE Lee Co FI

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 09 was \$ 1,084,838

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 148,900

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House, Address Exemption Pursuant to Chapter 119.071(4)(d)	\$900,000
Condominium, 6142 Whiskey Creek Drive, Fort Myers, Florida	\$ 50,000
Bank Accounts (Fifth Third Bank)	\$248,792
457(b) Plan	\$ 56,985
Bank Accounts (Third Federal Savings & Loan)	\$ 11,239

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage (Third Federal Savings & Loan, 7007 Broadway Avenue, Cleveland, OH 44105)	\$ 342,379

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

ASSETS PART B (Continued)

SCANNED

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required see instructions p.4)	VALUE OF ASSET
Stock (Ford Motor Company)	\$ 10,000
Stock (The Home Depot)	\$ 1,300

PART D -- INCOME

SCANNED

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Fiduciary Trust Co. Intl. Omnibus IRA-Pension City Fort Myers Police Officers	600 5th Avenue, New York, NY 10020	\$99,071
Florida Police Benevolent Association	300 E. Brevard Street, Tallahassee, FL 32301	\$10,425
City of Fort Myers	P.O. Box 2217, 2200 Second Street, Fort Myers, FL 33902-2217	\$ 1,499

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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			

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 10th day of

June, 2010 by Cecil L. Pendergast

Bernice Ramos Feliciano
(Signature of Notary Public, State of Florida)

Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010

(Print, Type, or Stamp Commissioned Name of Notary Public)

Cecil L. Pendergast
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.