



LEE COUNTY ELECTIONS

18 MAY 2 PM 4 44 SDE LEE CO FL

CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED

Candidate Name	David McElrath		
Residence Address	6869 Mill Run Circle		
City and Zip Code	Naples, FL 34109		
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)
	(239) 269-0269		
Campaign Email Address	dmcnfl@icloud.com		
Campaign Website			
Office Sought	Lee County Court Judge		
Area, District, Group or Seat #	Group 7		
<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 #	102945841		
Date	5/2/18		
Candidate Signature			

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website 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.

*18MAY 2 PM 4 44 SOE LEE CO FL

**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.

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)

David McElrath

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

2375 Tamiami Trail North
Suite 207
Naples, FL 334103

4. Telephone

(239) 269-0269

5. E-mail address

dmcnfl@icloud.com

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

Lee County Judge, Group 7

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

David McElrath

11. Mailing Address

2375 Tamiami Trail North, Suite 207, Naples, FL, 34103

12. Telephone

(239) 269-0269

13. City

Naples

14. County

Collier

15. State

FL

16. Zip Code

34103

17. E-mail address

dmcnfl@icloud.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

BMO Harris Bank

20. Address

2375 Tamiami Trail North

21. City

Naples

22. County

Collier

23. State

FL

24. Zip Code

34103

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

5/2/18

26. Signature of Candidate

X 

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


I, David McElrath, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

5/2/18

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE FOR JUDICIAL OFFICE

(Section 105.031(5), F.S.)

(Please Type)

OFFICE USE ONLY

I, David McElrath

a judicial candidate, have received, read, and understand the requirements
of the Florida Code of Judicial Conduct.



(Signature of candidate)



(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, David McElrath,

candidate for the office of Lee County Court Judge, Group 7;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Signature of Candidate

5/2/18

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).

**CANDIDATE OATH -
JUDICIAL OFFICE**

*18MAY 2 PM 4 44 SOE LEE CO FL

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, David McElrath

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the judicial office of Lee County Court Judge, 2, 20,
(Office) (District #) (Circuit #)

7; my legal residence is 6869 Mill Run Circle, Naples, Collier County, Florida; I am a qualified elector
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 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.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 102945841

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

MACKLE-rath

X

Signature of Candidate

Telephone Number

239 269-0269

Email Address

6869 Mill Run Circle

Naples

FL

34109

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Collier

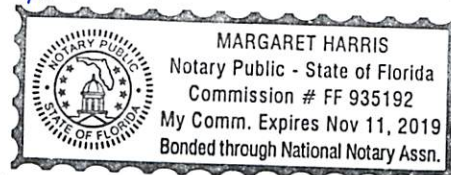
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 10
day of May, 2018.

Personally Known: ☒ or Produced Identification: ☐

Type of Identification Produced: _____



FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY: 18MAY 2 PM 4 44 SGE LEE CO FL

LAST NAME — FIRST NAME — MIDDLE NAME:

McElrath, David Lee

MAILING ADDRESS:

6869 Mill Run Circle

CITY :

Naples, FL

ZIP :

34109

COUNTY :

Collier

NAME OF AGENCY :

Lee County, State of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Court Judge, Group 7

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 May 2, 20 18 was \$ 1,419,816.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \$20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Estate (home) per Collier County Property Appraiser	\$463,539.00
Auto	\$21,000.00
Federated Investors (\$441,244); Ameritrade (\$366,631); Pershing IRA (\$80,707);	
Moors & Cabot (\$144,928); BMO Harris Bank approx \$20,000); State Farm (\$45,676)	\$1,099,186

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage (Ocwen) PO Box 24738, West Palm Beach, FL	\$168,338.00
GMAC (auto) PO Box 78143, Phoenix, AZ	\$3,571.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
none	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☐ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
David McElrath, PA	2375 Tamiami Trail North, Naples, FL	\$112,813.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	David McElrath, PA		
ADDRESS OF BUSINESS ENTITY	2375 Tamiami Trail North, Naples, FL		
PRINCIPAL BUSINESS ACTIVITY	Law Office		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	100%		

PART F - TRAINING

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

- ☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 Collier

Sworn to (or affirmed) and subscribed before me this 2nd day of

MAY, 2018 by DAVID MCEL RATH

(Signature of Notary Public--State of Florida)

MARGARET HARRIS
(Print, Type, or Stamp Commission # FF 935192)

Personally Known ☒

Type of Identification Produced OR Produce Bonded through National Notary Assn.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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