

CANDIDATE CAMPAIGN FILE COVER SHEET

	REVISED					
Candidate Name	ALAN REFKIN					
Residence Address	10161 BELLAVISTA CINCLE #503					
City and Zip Code	MIROMAN LAKES 33913					
Mailing Address	Check if same as above. Check if different from residence.					
Telephone Number(s)	Daytime (list below) 239-823-/151 OR					
Campaign Email Address	AREFKIN & AOL. COM					
Campaign Website						
Office Sought	Minoman LAKer CAD SEAT 3					
Area, District, Group or Seat #	3					
 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. 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. 						
➔ Political Party for Office Sought	NON					
Date of Birth or Voter Registration ID #	OCTOBER 25, 1947 June 12, 2018					
Date	June 12, 2018					
Candidate Signature he Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its webs						

<u>www.lee.vote</u> or visit the following link: <u>http://www.lee.vote/campaigns/candidate-packets/</u> and <u>http://www.lee.vote/campaigns/candidate-finance-reports/</u>. 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.

CANDIDATE OATH –	18JUN12PM0208 SOE Lee Co F1						
NONPARTISAN OFFICE							
(Do not use this form if a Judicial or School Board Candidate)							
Check box only if you are seeking to qualify as a write-in candidate:							
Write-in candidate	OFFICE USE ONL						
Condid	ate Oath						
	ale Oatri a), Florida Statutes)						
I, ALAN REFKIN							
(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 nonpartisan office of	LAKES COD, SEAT 3						
	(Office) (District #)						
,; I am a qualified elector of	CEECounty, Florida;						
(Circuit #) (Group or Seat #)							
	which office or any part thereof runs concurrent with the office equired to resign pursuant to Section 99.012, Florida Statutes; Constitution of the State of Florida.						
Candidate's Florida Voter Registration Number (located on yo	pur voter information card): <u>111379032</u>						
Phonetic spelling for audio ballot: Print name phonetically c ballot as may be used by persons with disabilities (<i>see</i> instruction	n the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.						
X Alon Neller (239) 823 - Signature of Candidate Telephone Number	1151 ANEFKIN CAOL. COM Email Address						
Signature of Canocate Telephone Number	Email Address						
Address City	AKCI FL 33913 State , ZIP Code						
STATE OF FLORIDA	Mandus A Full						
COUNTY OF LEE	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:						
Sworn to (or affirmed) and subscribed before me this 12^{+1} day of, 20_18	Notary Public State of Florida Tamaris A Lipa My Commission GG 187350 Expires 08/11/2022						
Personally Known: or Produced Identification:	٤٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠						
Type of Identification Produced: <u>FLDL</u>							

DS-DE 302NP (Rev. 11/17)

11/06/17



Affidavit of Intent **Special District Candidates**

A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.

State of Florida County of Lee

 $A/A \sim REFKi \sim$, am a candidate for the independent special

district office of:

Minoman LAKE CDD SEAT 3 (include district name AND, district, seat, area or group #)

in the November 6, 2018, General Election. I declare that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07. I understand that I am prohibited from expending, collecting, soliciting, or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any additional campaign expense, I understand that prior to doing so, I am required to file Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports, as required by Florida Statute §106.07, with the Lee County Supervisor of Elections.

Min

Signature of Candidate

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository. History 2007 HB537, FS 99.061, FS 106.021 Revised-11/06/17 (Lee County Special District Forms)

FORM 1 STATEMEN T ^{18,1,11,2PM0209 SOE Lee Co F1} 2017							
Please print or type your name, mailing address, agency name, and position belo	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MII REFKIN ALAN MAILING ADDRESS :				·18JU			
10/6/ BellAvisT	A CIACLE #503			(Ú) 190 190			
				→			
CITY : MIROMAR LAKER NAME OF AGENCY :	ZIP: COUNTY: 33913 LEE		/	18JUN/05AM0848 SOE Lee Co F			
NAME OF OFFICE OR POSITION			/	a O			
	Develsing Dirthics S-	3 V	r				
	he lines on this form. Attach additional she	eets, if necessary.	612				
	TH PARTS OF THIS SECT			ED ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. EITHER (must check one):	OUR FINANCIAL INTERESTS FOR T PLEASE STATE BELOW WHETHER	THE PRECEDING TAX YEA	R, WHETH THE PRE	HER BASED ON A CALENDAR			
DECEMBER 31	I, 20 17 <u>OR</u> 🗆 SPECI	IFY TAX YEAR IF OTHER TH	AN THE C	CALENDAR YEAR:			
CALCULATIONS, OR USING CO	REPORTABLE INTERESTS: USING REPORTING THRESHOLDS DMPARATIVE THRESHOLDS, WHICH ONE YOU ARE USING (must check	HARE USUALLY BASED ON	LAR VALU	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions			
	E (PERCENTAGE) THRESHOLDS	•	AR VALL	JE THRESHOLDS			
	F INCOME [Major sources of income to report. write "none" or "n/a")	the reporting person - See inst	ructions)				
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
THURNH. 11 CARITAL	10161 Bellavirta cin	1 # 503	Con	נאידל עני			
	MINOMA LAKY	FC 33913		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Social Security	U.S. Govennen						
PART B SECONDARY SOURCE (Major customers, client: (If you have nothing to	ES OF INCOME Is, and other sources of income to busine: p report, write "none" or "n/a")	sses owned by the reporting pe	rson - See	instructions]			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE					
nore							
	d, buildings owned by the reporting perso report. write "none" or "n/a")	on - See instructions]	FILING INSTRUCTIONS for when and where to file this form are				
Nore		INSTR	d at the bottom of page 2. RUCTIONS on who must file				
		this form and how to fill it out begin on page 3.					

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							
Account BAN	ĸ		AMENICA				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")							
NAME OF CREDITOR			ADDRES	SS OF CREDITOR			
~/A							
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							
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
PART G — TRAINING For elected municipal officers required to complete annual ethics tra	ON	N PL	ETED THE REQ	UIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CONTINU	JEI	D ON	11				
SIGNATURE OF FILER:				ORNEY SIGNATURE ONLY			
Signature:			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:				
Alten Neplin				, prepared the CE with Section 112.3145, Florida Statutes, and the . Upon my reasonable knowledge and belief, the e and correct.			
Date Signed: 6 - 1 - 2018			CPA/Attorney Signature	8:			
6-7			Date Signed:				
FILING INSTRUCTIONS:		•••					
If you were mailed the form by the Commission on Ethics or a Co	unt	v C	andidates file this form	together with their filing papers			
Supervisor of Elections for your annual disclosure filing, return form to that location. To determine what category your position under, see page 3 of instructions.	i th	e M Is 1	Candidates file this form together with their filing papers. MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.				
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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be</u>			WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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.				
returned.	-	~	Candidates must file at the same time they file their qualifying papers.				
State officers or specified state employees who file with Commission on Ethics may file by mail or email. To file by send the completed form to P.O. Drawer 15709, Tallahassee 32317-5709: physical address: 325 John Knox Rd Bldg E. Ste	mai , F	il, <i>T</i> L he	old their positions.	I following each calendar year in which they			
32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other formation and and it to CEFermille a state flux. Do not file by			<i>Finally</i> , 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, 2017.				

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CE FORM 1 - Effective: January 1, 2018. Incorporated by reference in Rule 34-8 202(1), FA.C

Date: 6/ハーノンコノ&

ALAN REFKIN

le L Name: |

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Signature: -

Wednesder

By signing below, I acknowledge that I have received a copy of these Canvassing Board Meeting and Logic and Accuracy Testing Schedules. My attendance is not mandatory but welcome.

6 newsel records conducts a post-denom newsi soft and register The Canvassing Board Meetings and Logic and Accuracy Testing are open to the public. Florida Statute 101:5612

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Evenia designated as "(necessary) are conditional and subject to cancellation based on whether the specific event must court; Please call the office or visit our website for public notions confirming dates, times and location(s).	CHINE OR MANUAL F	conducted a post-electron manual audit is not required	ONLY
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s Offse eer Fort klyest	Lee County Electors Office Constitutional Complex 2400 Thompson SL. Fart Myers	9.00 AM	10-26-18 Friday 11-01-18 Thursday
s Office lex Canvess of the vote-by-med babots received to date for the elector Ford layers Ford layers	Lee County Elections Office Constitutional Complex 2400 Thompson St., Fort Myers	8 00 AM	10-22-18 Monday
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1017.118 900 AM Lee Courty Election Center Inst. by a michain method of statistics. The voting machines to be used in the 1010/37.118 900 AM 13100 S Cleneteral Are , Fort Nyers election at Early Vibring and at the presents on Election Day Vibrior are	Lee County Election Center 13180 S Cleveland Ave , Fort Myers	8.00 AM	10-17-18

*18, JUN12PM0209 SDE Lee Co F1

09-05-18 Wednesday	04-31-18 Friday Brough 09-04-18 Tueaday f necessary	Abdrane Recount(s) And Usanual Recount(s) 09-01-18 Saturday Through 09-04-18 Tuestay Frough 09-04-18 Tuestay Frought	09-01-18 Sufarday I necossary	iDATE	03-05-18 Wednesday	08-31-18 Fnday	08-28-18 Tuesday Electon Dey	08-20-18 Monday 08-24-18 Fridsy	08-15-18 Wednesday	Florida h
a vvv vvv - 3 vvv Pvv each day necessary f a menual recourt is	on any day necessary	900 AU coch dry und fraited Save chadhast n MEETING PURPOSE	9 00 AM Logic and accuracy testing for the machine recourt 4 necessary	IN THE EVENT OF A MAC designated as "I necessary "Please call the offic TIME	9 00 AM - 5 00 PM each day necessary d a menual recount is conducted, a post-dection menual audit is not required	9 00 AM	2 00 PM and 5 00 PM 7 00 PM	9 00 AM	9 00 AM Immediately following	t, Tu ereby give official notic designated as if necessary response cal the offic response cal the offic
Lee Coursy Electors Office Constitutionel Complex	Lee Courty Electors Office Conststaored Complex (Nuttorium) 2420 Thampson St. Fort Myers	<u>Manual Incounts conducted Al</u> Les Courst-Fectors Offee Constational Correls (Waderum) 2420 Thompson St. Forl Myers	Lee Courty Electrons Office Constitutional Complex 2400 Thempson St., Fort Myors Lee Courty Electron Conter 13180 S Cleveland Are Fort Myors	HINE OR MANUAL RECOUNT, THEF fare conditional and subject to cancel a of visit our website for public hofces I LOCATION	Lee County Elections Office Constitutional Complex 2490 Thompson St., Fart Myers	Lee County Elections Office Constational Complex 2480 Thompson S., Fort Myers	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Lee County Elections Office Constitutional Complex 2480 Thompson SL, Fort Myers	Lee County Election Center 13180 S Cleveland Ave , Fort Myers Lee County Elections Office Constitutional Compex 2480 Thompson St., Fort Myers	 Tommy Doyle, Supervisor of Elections for Lee County totice of the Canvassing Board Meetings, and Logic and samplare conditional and subject to cancellation; based on whether other or Visit our weeks for public network continuing datas, times of the or Visit our weeks for public network continuing datas, times of the or Visit our weeks for public network continuing datas. Times in the original data set of the original datas of the Continuing of the original data set of the original datas.
Begin post-election manual audit. The results will be announced immediately following completion of the audit. Determine to complete the post-election manual	Deadine is submit official results to the Department of State is 500 PM, livestary 00-04-18. Submit official results and certify the election. Submit Constant of Election Report. Select the context and precructly for the post- election manual audit.	(In necessary continue and fusion * solutile records: Service 7:34 you'ld, all results for commany to be available by 100 PLK compary (93 CHL and command for durandball results in menual recount(s) for federal, state and mubi-county content(s). A necessary in any local context(s) begin and contact the network incount is necessary in any local context(s) begin and contact the network incount is necessary in any local context(s) begin and contact the result recount is necessary in any local context(s) begin recount sometism by the Secretary of State the results from the menual recount we contacted in the certification of the differentiation.	Indexamp, bye and accuracy leading for the machine recourt. Lest tabulating explorest be used in the machine recourt at the use County Dectors Office Constitutioned Company of the Les County Electric Certer or bit headboard Reference cas the provided at one or both headboard Pensos cas the office or rind our vectorie for public notices designating recourt recouncy)	CONTREMENTATION OF A MACHINE OR MANUAL RECOVER THE FOLLOWING ADDROVAL MEETING OWNER APPLY CONTREMENTATION OF A MACHINE OR MANUAL RECOVERY THE SPECIAL OWNER OF A MACHINE OR MANUAL RECOVERY AND A MACHINE OR MACHIN	Begin post-election manual audi. The results will be ennounced mimedately following completion of the audit. Deadthe to complete be post-election manual audits 11.59 PM the 7th day following certification of the election	Canvass of provisional babits, if any Prepore and subnit "substitue reacts, is the Department of State by NOOK, friday, 083-116 Determine of machine recourd is required in any local context(a) (II a machine recourd and a state of the state of the second second second babits the recourd activities below Secretary of State to determine if machine recourd according to the recourd activities and the state of the second is required for federal state and machine recourd is required for notify affected countes III a machine recourd is required, conduct the machine recourd according to the schedate below. If no recourds are required, cently the election and official results according to the schedate below.	Review of vole-by-mell bables, if necessary Review of vole-by-mell babbs, if any and receive "unofficial" election night results from the precincts	Review of vote-by-mež ballots, if necessary,	Test by a random method of selection, the voting machines to be used in the election at Early Voting and at the presincts on Election Day fast the vote-by-mail ballot labulating equipment to be used in the election Canness of the vote-by-mail ballots received to date for the election	I, Tommy Doyle, Supervisor of Elections for Lee County, Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule. Elenits designated as Minecessery: are conditional and subject to cancellation, based on whether the specific works in the specific or well number of the specific or well and the specific or



General Election on Tuesday, November 6, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (533-8683) www.lee.vote

I, Tommy Doyle, Supervisor of Elections for Lee County, Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule.

ELECTIONS

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (533-8683) www.lee.vote

Primary Election on Tuesday, August 28, 2018