

CANDIDATE CAMPAIGN FILE COVER SHEET

_ ✓ ORIGINAL		INTAIRED INTERPRETATION
Candidate Name	Jeffrey.	H. Shein
Residence Address	28500 Alte	ssa Way # 201
City and Zip Code	Bonita Spr	ssa Way # 201 ings, FL 34135
	Check if same as above.	Check if different from residence.
Mailing Address		
	Daytime (list below)	Alternate (list below) coll
Telephone Number(s)	239-676-5616	OR 914-419-8967
Campaign Email Address	drisheine	
Campaign Website	nla	
Office Sought	Vasari count Board of Su	ry Club CDD jervisers
Area, District, Group or Seat #	Seat #3	•
 Judicial, School Board, Supervisor of Election System, Library and Mosquito Control are n partisan" on the line below. A candidate for a Constitutional Office or Coindicate a political party affiliation or "No Political party of the party of the party affiliation or "No Political party of the party of t	on-partisan offices. A candidate for ar ounty Commission may file partisan or	ny of these offices, must indicate "non -
→ Political Party for Office Sought	Non-partiso	
Date of Birth or Voter Registration ID #	119713200	
Date	June 14, 2	2018
Candidate Signature	mar	en_
The Lee County Symposises of Elections posts :	ll anddidala qualificing documents as	ad campaign financo roporte on ite woheite

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.vote/campaigns/candidate-packets/ and http://www.lee.vote/campaigns/candidate-packets/ and 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 -	1000lAT4U1TC12 20F Ces Co F 1
NONPARTISAN OFFICE	
(Do not use this form if a Judicial or School Board Candidate)	
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	
☐ Write-in candidate	OFFICE USE ONLY
Candid	
	ate Oath (a), Florida Statutes)
1, Jeffrey H. Shein	
hyphen, check box . (See page 2 - Compound Last I	t. If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.)
am a candidate for the nonpartisan office of Vasari	C.C. CDD Bd. of Supervisors
2	(Office) (District #)
(Circuit #) , Seat #) ; I am a qualified elector of	Lee County, Florida;
I am qualified under the Constitution and the Laws of Florida i	to hold the office to which I desire to be nominated or elected; I
	of which office or any part thereof runs concurrent with the office
	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.
Candidate's Florida Voter Registration Number (located on yo	our voter information card): 119713200
Phonetic spelling for audio ballot: Print name phonetically of ballot as may be used by persons with disabilities (see instruction SHEIN (Pronounce)	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]
(239) 676-9 Signature of Candidate Telephone Number	5616 drjsheinægnail.com
	ponita Springs, FL 34135
Address City	State ZIP Code
STATE OF FLORIDA	The Sleet
COUNTY OF LCC	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this	N
day of, 20/\$.	LISA GEORGE MY COMMISSION # FF 161387
Personally Known: or Produced Identification:	EXPIRES: January 18, 2019 Bonded Thru Notary Public Underwriters
Type of Identification Produced:	

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

Jeffrey H. Shein am a candidate for the independent special (print name)

district office of:

Vasari C.C. CDA Bd. of Supervisors, Seat #3

in the <u>November 6, 2018, General Election</u>. I declare that my <u>only campaign expense</u>, 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, <u>I will not be required to</u>: 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 <u>prior to doing so, I am required to file Form DS-DE 9</u> (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.

Signature of Candidate

Date

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 HBSS7, FS 99.061, FS 106.021 Revised-11/06/17 (Lee County Special District Forms)

FORM 1	STATEM	IENT OF	2017
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - FIRST NAME - MIDDL SNEW Le	ffrey Her	bert	
MAILING ADDRESS: 28500 Alte	ssa Way A	PE 201	* 18
Bonita Sprin	95 34135 Le	٥	
Vasari Count	My Club CD	<i>b</i> .	4Pm12
NAME OF AGENCY: NAME OF OFFICE OR POSITION HEL	026 20 10 1	soks	18JUN14PM121950ELeeCoF1
Seat # 3			Lee (
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	es on this form. Attach additional shee	· ·	Г. — — — — — — — — — — — — — — — — — — —
	PARTS OF THIS SECT	ION <u>MUST</u> BE COM	MPLETED ****
			R, WHETHER BASED ON A CALENDAR THE PRECEDING TAX YEAR ENDING
DECEMBER 31, 20	17 <u>OR</u> 🗆 SPECIF	Y TAX YEAR IF OTHER THA	N THE CALENDAR YEAR:
MANNER OF CALCULATING REP FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	IG REPORTING THRESHOLDS T ARATIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON	AR VALUES, WHICH REQUIRES FEWER PERCENTAGE VALUES (see instructions
•	ERCENTAGE) THRESHOLDS		AR VALUE THRESHOLDS
PART A PRIMARY SOURCES OF INC		he reporting person - See instr	uctions]
NAME OF SOURCE OF INCOME	1	JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NYS Teachers	10 Corporate	woods Br.	
Retirement Syste		1 12211	
Social Security	2659 Profess	oral Circle	
Administration	· · · · · · · · · · · · · · · · · · ·	FL 34119	
PART B — SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	d other sources of income to busines	ses owned by the reporting per	son - See instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
wa			
DARTO DEAL PROPERTY II and by	9.4: b Ab	Con instructional	
PART C REAL PROPERTY [Land, bu		n - See instructionsj	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
Ma			INSTRUCTIONS on who must file this form and how to fill it out
			begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates of deposit, etc See instructions] e" or "n/a")
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Merrill-Lynch IRA	
IP Morgan Charl acts.	
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	
NAME OF CREDITOR	ADDRESS OF CREDITOR
wla	
PART F — INTERESTS IN SPECIFIED BUSINESSES [((If you have nothing to report, write "none")	Ownership or positions in certain types of businesses - See instructions] or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	Na
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 and	nual ethics training pursuant to section 112.3142, F.S. HAVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILE Signature: Date Signed: June 14, 20	If a certified public accountant licensed under Chapter 473, or attorne in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,
FILING INSTRUCTIONS:	
I to consider the form by the Commission on Eth	this as a County Condidate State from tagether with their Stine and a

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. To determine what category your position falls under, see page 3 of instructions.

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. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 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 format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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.

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 <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.



Primary Election on Tuesday, August 28, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

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

Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule.

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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

	DATE	Event	Florida	
	THE	designated as 'f necessary' Please call the office	hereby give official notice	i, Tor
Landburge Electrons ander	LOCATION	are conditional and subject to cancell or visit our website for public notices:	of the Canvassing Board Meet	I, Tommy Doyle, Supervisor of Elections for Lee County
The company of the co	MEETING PURPOSE	Events designated as 'n necessary' are conditional and subject to concellation, based on whether the specific event must occur. Please call the office or visit our webuits for public notices confirming dates, times and location(s).	Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule	ions for Lee County,

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

| The Properties of the Propertie Name: TERTON H. Shain Date: 014/18